

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 20 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 214083

1. Corporation Name

WATROUS CORPORATION OF SARASOTA

2. Principal Office Address

12351 IONA ROAD

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33908

Country

USA

3. Mailing Office Address

C/O GOODMAN & BREEN
3838 TAMiami TRAIL N.

Suite, Apt. #, etc.

300

City & State

NAPLES, FL 34103

Zip

34103

Country

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business In Florida**

7/24/1958

5. FEI Number

59-0860343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

T. THEODORE WATROUS

Street Address (P.O. Box Number is Not Acceptable)

12351 IONA ROAD

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33908

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

T. Theodore Watrous

T. Theodore Watrous
REGISTERED AGENT MUST SIGN

Date

July 16, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	T. THEODORE WATROUS	12351 IONA ROAD	FORT MYERS, FL 33908
	900.00-Adm		
	61.25-AK		
	88.75-ARsup		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: T. THEODORE WATROUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Theodore Watrous
7/16/01

941-466-0010

Daytime Phone #

CR20081 (9/00)