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CAPITAL CONNECTION 850 222 1222 02/25 '04 12:28 NO.223 02/02

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 214083

1. Corporation Name

WATROUS CORPORATION OF SARASOTA

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
12351 IONA RD.		12351 IONA RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FORT MYERS, FL		City & State: FORT MYERS, FL	
Zip: 33908	Country: US	Zip: 33908	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7/24/1958

5. FEI Number: 590860343 ☐ 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: THEODORE T. WATROUS

Street Address (P.O. Box Number is Not Acceptable): 12351 IONA RD.

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: I. I. Watrous — Date: 2/25/04

REGISTERED AGENT MUST SIGN

(Revised 01/01)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	THEODORE T. WATROUS	12351 IONA RD.	FORT MYERS, FL 33908

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: I. I. Watrous — 2/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)224-7047

CORPORATION REINSTATEMENT

WATROUS CORPORATION OF SARASOTA

Certificate of Status	0
Certified Copy	0
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