

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 10 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002568

1. Corporation Name

Caloosa Cove Sanitary Sewers, Inc.

2. Principal Office Address

75801 Overseas Highway

3. Mailing Office Address

75801 Overseas Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Islamorada, FL

Zip

33036

Country

USA

Zip

33036

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2002

5. FEI Number

383429654

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  
Thomas Wisner

Street Address (P.O. Box Number is Not Acceptable)  
73801 Overseas Highway

Suite, Apt. #, Etc.

City  
Islamorada

300075038543

05/22/06--01067--019 \*\*600.00

State

FL

Zip Code

33036

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

*Thomas C. Wisner*  
REGISTERED AGENT MUST SIGN

Date 5/4/06

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
P	Thomas Wisner	3439 Quiggle SE	Ada, MI 49301
VP	David Bottrall	2034 Stickley SE	Grand Rapids, MI 49546

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 contained in Chapter 119, 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:

*Thomas C. Wisner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
THOMAS C. WISNER

5/4/06  
Date

305-664-4455  
Daytime Phone #