

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000003012**

1. Corporation Name

**AQUATITE INSTALLATIONS, INC.**

Principal Place of Business

1525 SCOTTSVILLE RD.  
ROCHESTER NY 14623

Mailing Address

1525 SCOTTSVILLE RD.  
ROCHESTER NY 14623

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/2002

5. FEI Number

16-1497186

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPST	TELFER, THOMAS V	10 SANHURST DR.	SCOTTSVILLE NY 14546

500024181485  
10/27/03--01136--001 \*\*150.00

8. Name and Address of Current Registered Agent

TELFER, THOMAS V  
540 N. HWY 434  
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS V. TELFER, PRES.

Date

10/20/03

(585) 328-2020

CR2E040 (7/03)



FLORIDA DEPT. OF STATE  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 20, 2003

To Whom It May Concern:

I recently received the Certificate of Administrative Dissolution or Revocation from your office, stating that it was due to not filing a corporation annual report/uniform business report. I was unaware that these items were sent and/or requested. This is the first correspondence I have seen on this issue. We have been at the address that this revocation was sent to for almost three years, therefore, I do not understand why I was unaware of this filing form. It may be because I just received my license last month. In any case, my office spoke with Barbara at 1-850-245-6059 and we were informed that we should send this letter along with a check for \$150. and the application for reinstatement. I have enclosed both items. Please call if anything further is needed. Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Thom Telfer", written over a horizontal line.

Thom Telfer, Pres.  
Aquatite Installations Corp.