

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 AM 10:48

DOCUMENT # F96000003146

1. Corporation Name

WATERSIDE FINANCIAL SERVICES, INC.

Principal Place of Business

123 NW 13TH ST
 313
 BOCA RATON FL 33432
 US

Mailing Address

123 NW 13TH ST.
 313
 BOCA RATON FL 33432
 US



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

2. New Principal Office Address, If Applicable
7400 N. Federal Highway

Suite, Apt. #, etc.
Suite B21

City & State
Boca Raton, FL 33487

Zip
33487

Country
USA

3. New Mailing Office Address, If Applicable
7400 North Federal Highway

Suite, Apt. #, etc.
Suite B21

City & State
Boca Raton, FL 33487

Zip
33487

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1996

5. FEI Number

65-0664126

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVDS	TESSER, TED	123 NW 13TH ST 313	BOCA RATON FL 33432
		7400 North Federal Highway, B21	Boca Raton, FL 33487

700003043417--2
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 ***750.00 ***750.00

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8. Name and Address of Current Registered Agent

TESSER, TED
 123 NW 13TH ST
 SUITE 313
 BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name
Tesser, Ted
 Street Address (P.O. Box Number is Not Acceptable)
7400 North Federal Highway
 Suite, Apt. #, Etc.
Suite B21
 City
Boca Raton

State
FL

Zip Code
33487

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Thudae B Tesser

REGISTERED AGENT MUST SIGN

Date **10/12/99**

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:

Thudae B Tesser
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/12/99**

Daytime Phone # **561-4700277**