

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
1997 FOR AR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 OCT 29 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J40534

1. Corporation Name

WATERBED EMPORIUM, INC.

Principal Place of Business

STATE ROAD 54
MYRTLE LAKE VILLAGE, STORE 106
LAND O' LAKES FL 33539

Mailing Address

22921 MYRTLE LAKE LANE
MYRTLE LAKE VILLAGE, STORE 106
LAND O' LAKES FL 34639
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2746145

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	VOGEL, WILLIAM T.	S.R. 54 MYRTLE LAKE VILL	LAND O' LAKES FL
			100002336321--0 -11/03/97-01095-007 ****165.00 ****165.00
			SCC 10-29-97

8. Name and Address of Current Registered Agent

VOGEL, WILLIAM T.
STATE RD. 54 MYRTLE LAKE VILLAGE
#106
LAND O' LAKES FL 33539

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.

Signature of
Registered Agent

William T. Vogel
REGISTERED AGENT MUST SIGN

Date

10-20-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for Information
on Intangible tax.)

12. 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:

William T. Vogel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-97

264-7378

CR2E040 (8/97)

**WATERBED EMPORIUM
22921 MYRTLE LAKE LN.
LAND O' LAKES, FL.
34639**

**RE: CORPORATION
REINSTATEMENT**

**PLEASE ACCEPT THIS PAYMENT FOR OUR
CORPORATION AS WE HAVE THE CHECK STUB, BUT
CANNOT FIND THE CANCELED CHECK.**

**WE ASK IF FOR SOME REASON YOU SHOULD COME
ACROSS IT PLEASE LET US KNOW, AS WE WILL NOW
BEGIN LOOKING FOR IT. WE APOLOGIZE FOR THIS
ERROR AS I'M SURE IT WAS LOST IN THE MAIL.**

**THANK YOU FOR YOUR UNDERSTANDING IN THIS
MATTER.**

SINCERELY,


WILLIAM T. VOGEL