

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **1665153**

1. Corporation Name

FLORIDA WATER SYSTEMS, INC

Principal Place of Business

**8613-VIVIAN BASS WAY
ODESSA, FLORIDA 33556**

Mailing Address

**P.O. Box 1022
ODESSA, FL. 33556**

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

2. New Principal Office Address, If Applicable

Same AS ABOVE

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Same AS ABOVE

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/30/08

5. FEI Number

59-2926153

6

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SUSAN J. BOBER	8613-VIVIAN BASS WAY	ODESSA, FL. 33556
V	SUSAN J. BOBER	8613-VIVIAN BASS WAY	ODESSA, FL. 33556
S	ROBERT E. BOBER	8613-VIVIAN BASS WAY	ODESSA, FL. 33556
T	ROBERT E. BOBER	8613-VIVIAN BASS WAY	ODESSA, FL. 33556

8. Name and Address of Current Registered Agent

**DENNIS J. LEVINE
C/O CRAMER, HABER & McDONALD P.A.
1311 - N. CHURCH AVE
TAMPA, FL 33607**

9. Name and Address of New Registered Agent

**DEBORAH LARNED WERNER P.A.
Street Address (P.O. Box Number is Not Acceptable)
3804 - NORTH B STREET
Suite, Apt. #, Etc
City
TAMPA
State
FL
Zip Code
33609**

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

Deborah Larned Werner

REGISTERED AGENT MUST SIGN

Date **3/31/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See instructions for information on filing taxes)

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)(b), 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:

Susan J. Bober
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan J. Bober, President

3/31/99 813-908-9523
Date Date of Phone #

C425087 (12-98)



Florida Water Systems, Inc.

P.O. Box 1022 • Odessa, Florida 33556
(813) 920-3553

March 31, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check in the amount of \$665.00 for 1996, 1997 and 1998 annual reports.

We request that the penalty be waived. The annual reports for the above referenced years were never received due to an incorrect mailing address as shown on the attached report which was requested by us on 3/11/99.

Please note that the correct mailing address is P. O. Box 1022 Odessa, Florida 33556.
We have not yet received an annual report for 1999.

Your consideration in this matter is greatly appreciated.

Sincerely,

Susan Bober, President