

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K66402**

1. Corporation Name

WATERFORD HOLDINGS, INC.

Principal Place of Business

**1775 W. HIBISCUS BLVD., SUITE 209
MELBOURNE FL 32901-3627**

Mailing Address

**1775 W. HIBISCUS BLVD., SUITE 209
MELBOURNE FL 32901-3627**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1989

5. FEI Number

65-0306658

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V/O	STEWART, GORDON RALPH	EBB TRUST CORPORATION 10 RUE	PRINCESSE FL
P/D	TE MARO, MARINA	EBB TRUST CORPORATION 10 RUE	PRINCESS FL
P/D	STEWART GORDON RALPH	Level 14, 111 The Terrace Wellington, NEW	Wellington 6000 NEW ZEALAND
V/O/S	VAN VUUREN Tony	Le Forum BP 74 33 blvd. du General Leclerc	06240 Beausoleil FRANCE
V/D/T	SMITH Derek Russell	Le Forum BP 74 33 blvd. du General Leclerc	06240 Beausoleil FRANCE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUGAN, DAVID
1775 W. HIBISCUS BLVD., SUITE 209
MELBOURNE FL 32901-3627

Name

600002097608--U

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

02/25/97 01151-007

Suite, Apt. #, Etc.

******915.00 ****915.00**

City

State

Zip Code

FL

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

[Signature]

Date

2/17/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]

GORDON RALPH STEWART DIRECTOR

Date

02/02/97 +33492107770

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)