

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUL -3 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** K66402

**1. Corporation Name**

Waterford Holdings, Inc.

**2. Principal Office Address**

1775 W. Hibiscus Blvd.

Suite, Apt. #, etc.

Suite 209

City & State

Melbourne, FL

Zip

32901

Country

Brevard

**3. Mailing Office Address**

Level 14, III The Terrace

Suite, Apt. #, etc.

City & State

Wellington, New Zealand

Zip

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/17/89

**5. FEI Number**

650306658

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Frederic Stanley, Jr.

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

990 Douglas Ave., Suite 100

Suite, Apt. #, Etc.

Suite 100

City

Altamonte Springs,

State

FL

Zip Code

32714

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Gordon Ralph Stewart	Level 14, III The Terrace	Wellington, New Zealand
VDS	Tony Van Vuuren	Le Forum BP 74, 33 Blvd, Du General Lecler	Beausolei, France 06240
VDT	Dereck Russell Smith	Le Forum BP 74, 33 Blvd, Du General Lecler	Beausolei, France 06240

**10. 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:**

Frederic Stanley, Jr., Esq. Attorney-In-Fact

06/29/00

(407) 682-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KE**

CR2E081 (9/99)