

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION  
~~REINSTATEMENT~~



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

FILED

00 MAR 29 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L80382**

1. Corporation Name

FLORIDA WATER DOCTORS INC.  
4221 LORI LOOP  
Winter Springs, FL 32708

2. Principal Office Address

Above

Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/90

5. FEI Number

59-303510-2

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

200003204012--1  
-04/11/00--01102--016  
\*\*\*\*300.00 \*\*\*\*300.00

7. Name and Address of Current Registered Agent

Name

Michael Boulet

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

4221 Lori Loop

Suite, Apt. #, Etc.

City

Winter Springs,

State  
FL

Zip Code

32708

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

*[Signature]*

Date 2-2-2000

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
Pres/ VP	Michael Boulet	4221 Lori Loop	Winter Springs, FL 32708

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2000

Date

407 341 0067

Daytime Phone #

CR2E081 (9/99)

2 of 2

FLORIDA WATER DOCTORS, INC.  
4221 LORI LOOP  
WINTER SPRINGS, FL 32708  
PHONE (407) 341-0067  
FAX (407) 977-8889

March 9, 2000

FL Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement Request for Waiver of Penalties

Attached is a reinstatement and the required fee as well as the annual fee for the year 2000. Please reinstate the corporation through Year 2000.

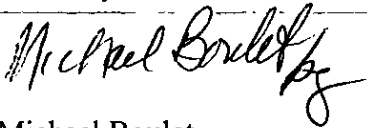
I am requesting waiver of penalties due to failure of the registered agent, Mr. Robert Miller, PA, 990 Douglas Avenue, Altamonte Springs, FL 32714 to forward forms. Mr. Miller disappeared from the firm and we cannot seem to out what happened to him or the corporate report.

My CPA realized when compiling my financial information that the fee had not been paid. After calling the firm, we found they had no record of the report being sent.

Mr. Miller has for ten years taken care of the reporting on a timely basis. So this came as a surprise and we cannot find an explanation for it.

Thank you for your consideration.

Sincerely,



Michael Boulet  
President