

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 27 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M17013

1. Corporation Name

Waterway Cafe, Inc.

2. Principal Office Address - No P.O. Box #

2300 PGA BLVD

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Office Address

777 S. Flagler Dr. c/o K. Heart

Suite, Apt. #, etc.

500 East

City & State

West Palm Beach, FL

Zip

33401

Country

USA

REINSTATEMENT

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
592564605

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

GY Corporate Services, Inc.

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

777 S. Flagler Dr

Suite, Apt. #, Etc.

500 East

City

West Palm Beach

State

FL

Zip Code

33401

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Jefferson F. Vander Wolk v.s.

REGISTERED AGENT MUST SIGN

Date 2/13/2009

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
P/D	Jefferson F. Vander Wolk	2801 N. Ocean Blvd.	Gulf Stream, FL 33483
	<i>[Signature]</i>		

000143742760
02/17/09--01005--027 **308.75

000143742760
02/27/09--01037--002 **150.00

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 contained in Chapter 119, 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:

Jefferson F. Vander Wolk

Jefferson Vander Wolk

2/4 /2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #