

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -4 AM 11:28

DOCUMENT # M73490

1. Corporation Name

WATERBED DOCTOR, INC.

2. Principal Office Address

15907 MANNING DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33613

Country

USA

Zip

Country

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

03/23/1988

5. FEI Number

59-2881608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

S. L. STAFFORD

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

15951 N. FLORIDA AVENUE

Suite, Apt. #, Etc.

City

LUTZ

State

FL

Zip Code

33549

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-20-05

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
PST	RODNEY E CLARK	15907 MANNING DRIVE	TAMPA FL 33613

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY E. CLARK - Pres

Date

1-20-05

Daytime Phone #

813-908-5490

CR2E081 (01/05)

2 of 2

WATERBED DOCTOR, INC.
15907 MANNING DRIVE TAMPA FL 33613
813-908-5490

January 20, 2005

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

Gentlemen:

In accordance with Division of Corporation provisions, I request waiver of the \$600 reinstatement fee due to non-receipt of either the original or second notice of annual report.

The lady with whom I discussed my problem yesterday said that under these circumstances my corporation could be reinstated with the payment just of the filing fees in the amount of \$600. My check in this amount was enclosed with my previous letter.

Please note that I have also listed a new registered agent for the corporation.

Thank you.

Yours truly,



Rodney Clark, President