

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 16 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84077

1. Corporation Name

WATCOO, INC.

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

1116 Country Living Rd
Suite, Apt. #, etc.

3. Mailing Office Address

1116 Country Living Rd
Suite, Apt. #, etc.

City & State

Baker, FL

City & State

Baker, FL

Zip

32531

Country

USA

Zip

32531

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1988

5. FEI Number

592899740

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

Matthew B. Ankney

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

1116 Country Living Road

Suite, Apt. #, Etc.

City

Baker

State

FL

Zip Code

32531

☒ 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

Matthew B. Ankney

Date 10/20/09

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
1	Matthew B. Ankney	1116 Country Living Rd	Baker, FL 32531

REINSTATEMENT 99-09

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:

Matthew B. Ankney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/09 850 375 2425

Date

Daytime Phone #