

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glerda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000006622**

1. Corporation Name

**FLORIDA WATER ACCESS COALITION, INC.**

Principal Place of Business

Mailing Address

~~P.O. BOX 43796~~

~~MIAMI FL 33243-0796~~

~~P.O. BOX 43796~~

~~MIAMI FL 33243-0796~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**2569 Newfound Harbor Drive**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**Same**

Suite, Apt. #, etc.

City & State

**Merritt Island FL**

Zip Country

**32952 USA**

City & State

Zip

Country

**REINSTATEMENT**

State Incorporated or Qualified  
To Do Business in Florida

**08/30/2002**

5. FEI Number

**56-2408443**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

**400024415394**

**11/04/03--01058--002 \$236.25**  
City / State / Zip

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	<b>KALVIN, JIM</b> <i>SEE</i>	<b>1147 RAINBOW DRIVE</b>	<b>NAPLES FL 34104</b>
VD	<b>DAY, ED</b> <i>attached</i>	<b>1864 HONDURAS AVE.</b>	<b>MARCO ISLAND FL 34145</b>
STD	<b>MATTHEWS, PEGGY</b>	<b>1520 BIG SKY WAY</b>	<b>TALLAHASSEE FL 32311</b>
D	<b>ALBRIGHT, WILLIAM</b>	<b>9 AMBLESIDE DRIVE</b>	<b>BELLEAIR FL 33756</b>
D	<b>FONTAINE, MONITA</b>	<b>1819 L STREET NW, SUITE 700</b>	<b>WASHINGTON DC 20036</b>
D	<b>HOLLER, ART</b>	<b>1700 E LOS OLAS BLVD., SUITE 100</b>	<b>FT. LAUDERDALE FL 33301</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HOPPING, WADE**  
**123 SOUTH CALHOUN STREET**  
**TALLAHASSEE FL 32301**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**11/3/03**

11. 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

*[Signature]*

Date

Daytime Phone #

**10/25/03 3214533051**

CR2E040 (7/03)