### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### N02000008371 **DOCUMENT #**

1. Corporation Name

### WATERMAN MINISTRIES, INC.

Principal Place of Business

Mailing Address

1866 LOMA LINDA ST. SARASOTA FL 34239

1866 LOMA LINDA ST. SARASOTA FL 34239

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA REMSTATEMENT\_COL



If above a	addresses are	e incorrect in any way, line t	hrough incorrect	information a	ınd enter o	correction below.	10714	/03003	**8	.25
2. New Pr	Address, If Applicable	ling Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     10/28/2002					
Suite, Apt. #, etc. Suite, Ap				#, etc.			5. FEI Numbe		0,20,20	Applied For
City & State			City & State				51 - 0436279 Not		Not Applicable	
Zip Country			Zip	Zip Country		6. CERTIFICAT		TE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street A	ddresses of Each Officer an	d/or Director (Flo	orida nonprot	fit corpora	tions must list at le	east 3 directors)		-	
Title(s)	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct				City / State / Zip		
PSD	WATERMAN, JERRY			1866 LOMA LINDA ST.				SARASOTA FL 34239		
VTD	BENSON, LARRY			1866 LOMA LINDA ST.				SARASOTA FL 34239		
D	MCCORMICK, JUDY				11021-WEST 197711-ST.			OVK TWAY IT COLUS	พิกเร	60453
						·				
·	_									
	_									
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
EDWIN L. FORD, P.A.						- EDWIN L. FORD, P.A.				
1605 MAIN ST., STE. 612					Street Address (P.O. Box Number is Not Acceptable)  107 SOUTH OSPREY AVENUE					
SARASOTA FL 34236						Suite, Apt. #, Etc. SUITE 210				
	_					City	ARRSOTA	Sta F	te Zip C	ode +3: 34236
10. 1, bein	g appointed ti	he registered agent of the a	bove named corp	poration, am	amilia wi	th and accept the	obligations of Sec	lion 607.0505, F.S. or 617.0	505, F.S.	
Signature of Registered Agent SECINA REGISTERED AGENT MUST SIGN						, , , , , , , , , , , , , , , , , , ,		Date 101910	3	
								apter 607 or 617, F.S. I furth		

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:** 

# EDWIN L. FORD, P.A. ATTORNEY AT LAW CERTIFIED MEDIATOR

# 107 SOUTH OSPREY AVENUE SUITE 210 SARASOTA, FLORIDA 34236

TELEPHONE: (941) 957-1811

FAX: (941) 957-1719 E-MAIL: EDFORD@EDWINFORD.COM

October 9, 2003

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Florida 32314-6327

Re:

Waterman Ministries, Inc. Document # N02000008371

Gentlemen:

The above-referenced corporation was formed on October 28, 2002 and was assigned document # N02000008371.

Recently, your Certificate of Administrative Dissolution or Revocation was received. Neither the 2003 Annual Report/Uniform Business Report nor any additional notices were received by the corporation.

Earlier today I spoke with Tom in the Reinstatement Section and he agreed to waive the reinstatement fee.

With this letter I am forwarding the corporation's *Application for Reinstatement* along with the Annual Report Fee of \$61.25.

Please feel free to contact me if you have any questions.

Sincerely yours,

*\$*2 €

Division of Corporations Annual Report/Reinstatement Section October 9, 2003 Page 2

# Enclosures

cc: Waterman Ministries, Inc. c:\elf\waterman ministries\division of corporations letter