

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 PM 2:47

DOCUMENT # 003000008144

1. Corporation Name

PROTECT OUR WATERWAYS, ESTUARIES, AND
RIGHTS, INC.

2. Principal Office Address

1001 3RD AVE. W.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

Zip

34205

Country

USA

Zip

Country

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

9/19/03

5. FEI Number

27-0068930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04

7. Name and Address of Current Registered Agent

Name

BARNES, GARRETT

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

3119 MANATEE AVE..WEST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34205

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

[Signature]

Date 11-3-04

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
TRES.	BYRON E. SHINN	1001 3RD AVE. W., 500	BRADENTON, FL 34205
V.P.	GARRETT BARNES	3119 MANATEE AVE. W.	BRADENTON, FL 34205
V.P.	JOHN LAURIE	1111 8TH AVE. W.	BRADENTON, FL 34205

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11/09/04--01062--009 ***236.25

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-04

Date

941-747-0500

Daytime Phone #

CR2E081 (01/04)

11/17/04