

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000004520

1. Corporation Name

Protect Our Watersheds, Inc.

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

390 Coral Creek Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1800 Placida Rd

Suite, Apt. #, etc.

City & State

Cape Haze, FL

City & State

Englewood, FL

Zip

33946

Country

USA

Zip

34223

Country

USA

7. Name and Address of Current Registered Agent

Name

James S. Cooper

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

390 Coral Creek Dr

Suite, Apt. #, Etc.

City

Cape Haze

State

FL

Zip Code

33946

4. Date Incorporated or Qualified
To Do Business in Florida

May 7, 2007

5. FEI Number

65-1315014

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

James S. Cooper

REGISTERED AGENT MUST SIGN

Date

6/16/09

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
P	James S. Cooper	390 Coral Creek Dr.	Cape Haze, FL 33946
VP	Helen J. King	1800 Placida Rd	Englewood, FL 34223

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:

Helen J. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/11/09

Daytime Phone #

941-475-7991

FILED

09 JUN 19 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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