

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 27 PM 4:20

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50555

1. Corporation Name

WATERMELON TRIANGLE CORPORATION

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

6510 NW 9TH BOULEVARD

Suite, Apt. #, etc.

SUITE 1

City & State

GAINESVILLE, FL

Zip

32605

Country

USA

3. Mailing Office Address

6510 NW 9TH BOULEVARD

Suite, Apt. #, etc.

SUITE 1

City & State

GAINESVILLE, FL

Zip

32605

Country

USA

REINSTATEMENT 1999-07'

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/1992

5. FEI Number

59-3154765

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

CAUTHEN, JOSEPH C.

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

6510 NW 9TH BOULEVARD

Suite, Apt. #, Etc.

SUITE 1

City

GAINESVILLE

State

FL

Zip Code

32605

☐ 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

Joseph C. Caution
REGISTERED AGENT MUST SIGN

Date

3/4/07

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
PD	CAUTHEN, JOSEPH C., M.D.	6510 NW 9TH BOULEVARD S-1	GAINESVILLE FL 32605
STD	CLAYTON, JAMES E.	18 NW 33RD COURT	GAINESVILLE FL 32607
VD	GAMBRIONE, ROBERT A.	P.O. BOX 626	ARCHER, FL 32618
			100095818191 04/05/07--01005--003 **\$65.00
			100095818191 04/05/07--01005--004 **\$1.25

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 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:

Joseph C. Caution
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/07

Daytime Phone #

352 331 0811

nc 3/30

LAW OFFICE

CARPENTER & ROSCOW, P.A.

5608 NW 43rd STREET
GAINESVILLE, FLORIDA 32653-8334

TELEPHONE
(352) 373-7788
FACSIMILE
(352) 373-1114

RONALD A. CARPENTER
rcarpenter@raclaw.net

JOHN F. ROSCOW, IV
roscow@raclaw.net

March 23, 2007

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

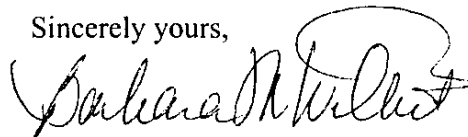
Re: Watermelon Triangle Corporation

Ladies and Gentlemen:

Please find enclosed with this letter the original request for Corporation Reinstatement for the referenced non-profit corporation, along with two checks totaling \$726.25 for the reinstatement fees.

Thank you very much and please contact me if you need anything further.

Sincerely yours,



Barbara M. Wilhite, Assistant to
Ronald A. Carpenter

/bw
Enclosures