


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 10 AM 11:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N97000004366					
1. Corporation Name Water Clowns of Jacksonville, Inc. PO Box 330855 Atlantic Beach, FL 32233-0855					
2. Principal Office Address		3. Mailing Office Address			
Suite, Apt. #, etc.		PO Box 330855			
City & State		City & State			
Zip		Zip		Country	
		Atlantic Beach, Florida		32233-0855 Duval	
4. Date Incorporated or Qualified To Do Business in Florida 1997					
5. FEI Number				Applied For	
59-2277993				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Vicki White 900004602839-6					
Street Address (P.O. Box Number is Not Acceptable) 5625 Neckschen Dr 09/28/01-01064-01					
Suite, Apt. #, Etc. *****428.75 *****428.75					
City Jacksonville REINSTATEMENT 98-0178					
State FL Zip Code 32226					
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 Vicki S. White Date 7-23-01					
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					
President Vicki White 1st D		5625 Neckschen Dr		Jacksonville, FL 32226	
V. Pres. Laureen Halliday 2nd D		166 Nadia Michelle Ct So		Jacksonville, FL 32225	
V. Pres. James Caton D		105 Creekwood Cr		Kingland, Fla 31548	
Secretary Susan Lovett D		5029 Chadroe Rd		Jacksonville, FL 32210	
Treasurer Terri Hobson D		12749 Serenade Cr. N		Jacksonville, FL 32225	
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: Vicki S. White Vicki S. White 723-01 904-724-9113					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E081 (9/00)