

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:15

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N99000002436**

1. Corporation Name

**WATERWISE EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

505 APOLLO BEACH BLVD  
 APOLLO BEACH FL 33572

505 APOLLO BEACH BLVD  
 APOLLO BEACH FL 33572

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *03*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3591352

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SULTENFUSS, MARY E	407 BEVERLY BLVD.	BRANDON FL 33511
D	GREENWELL, MICHAEL S	407 BEVERLY BLVD.	BRANDON FL 33511
D	MILLER, AUGUST	600 BRISTOL FERRY RD	PORTSMOUTH RI 02871

400023906524  
 10/17/03--01054--009 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SULTENFUSS, MARY E  
 407 BEVERLY BLVD.  
 BRANDON FL 33511

Name Michael Greenwell  
 Street Address (P.O. Box Number is Not Acceptable)  
1004 W PARSONS Ave  
 Suite, Apt. #, Etc.  
 City Brandon State FL Zip Code 33510

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Michael Greenwell Date 10-10-03  
 REGISTERED AGENT MUST SIGN

11. 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: Michael Greenwell Date 10-10-03 Daytime Phone # (813) 641-1922  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)