

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

03 JUN 20 PM 1:35

DOCUMENT # *P00000008905*

1. Corporation Name

Waterscott Corp

2. Principal Office Address

191 Gordenia Street

Suite, Apt. #, etc.

City & State

Tavernier, Florida

Zip
33070

Country

USA

3. Mailing Office Address

191 Gordenia Street

Suite, Apt. #, etc.

City & State

Tavernier, Florida

Zip

33070

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

January 27, 2000

5. FEL Number

651089861

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

Adrienne Lea Gots

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

191 Gordenia Street

Suite, Apt. #, Etc.

City

Tavernier

State
FL

Zip Code

33070

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

Adrienne Lea Gots

Date

6/17/03

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 |
|------------------|--------------------------------------|---|---------------------------------|
| <i>President</i> | <i>Adrienne Lea Gots</i> | <i>191 Gordenia Street</i> | <i>Tavernier, Florida 33070</i> |
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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:

Adrienne Lea Gots

6/17/03 (305) 664-2463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)