


2004 FOR PROFIT CORPORATION REINSTATEMENT

112

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:22

DOCUMENT # P00000019020		
1. Entity Name CLIFTON & ASSOCIATES - THE WATER DOCTOR, INC.		

Principal Place of Business 1106 N.E. 23RD AVE. OCALA, FL 34470	Mailing Address 1106 N.E. 23RD AVE. OCALA, FL 34470
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2. Principal Place of Business 7255 N. Natures trl. Suite, Apt. #, etc. Hernando FL. City & State Hernando FL. Zip 34442 Country Citrus	3. Mailing Address P.O. Box 820 Suite, Apt. #, etc. Hernando FL. City & State Hernando FL. Zip 34442 Country Citrus
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11022004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent CLIFTON, JEFF P II 1106 N.E. 23RD AVE. OCALA, FL 34470	7. Name and Address of New Registered Agent Name JEFF P. Clifton II Street Address (P.O. Box Number is Not Acceptable) 7255 N. Natures trl. City Hernando FL Zip Code 34442
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeff P. Clifton II DATE 11/8/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, JEFF P II 1106 N.E. 23RD AVE. OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition *500042606395 11/09/04--01070--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, ANGELIA M 1106 N.E. 23RD AVE. OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Jeff P. Clifton II DATE 11/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04

Scripture References Chapter Page	Speaker	Date
	Title	
	Text	
	<p>I JEFF Clifton, went through a Divorce. Starting in Jan 04 Final may 24 04. I Did not live at 1106 N.E. 23rd Ave. and did not receive my mail (Corporation Papers)</p>	
	<p>-may I Please Reinstate at the 150⁰⁰</p>	
	<p>In advance</p>	
	<p>Thank You</p>	
	<p>JEFF CLIFTON</p>	
	