

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 DEC 20 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054397

1. Corporation Name

THE AQUA DOCTOR, INC.

Principal Place of Business

2402 6TH STREET SW
RUSKIN FL 33570

Mailing Address

2402 6TH STREET SW
RUSKIN FL 33570



000009612430
12/20/02--01023--007 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3659405

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WALLS, JAMES E	2402 6TH STREET SW	RUSKIN FL 33570
D	WALLS, CODY S	2402 6TH STREET SW	RUSKIN FL 33570

8. Name and Address of Current Registered Agent

WALLS, JAMES E
2402 6TH STREET SW
RUSKIN FL 33570

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12-18-02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-18-02 641-9803

CR2E040 (8/02)

TO WHOM IT MAY CONCERN,

I AM WRITTING THIS LETTER TO EXPLAIN THAT I WAS TRULY UNAWARE OF MY ANNUAL FEE OF \$150, AND WAS NOT INFORMED BY MY ATTORNEY OR MY CPA. I WAS NEVER GIVEN ANY NOTICE BY THE STATE EITHER SO I WOULDN'T HAVE KNOWN I WAS SUPPOSE TO PAY IT ON MY OWN. I AM VERY SORRY AND I APOLOGIZE FOR NOT KNOWING. I AM A ONE PERSON CORPORATION AND THE COST TO MAINTAIN THIS IS STAGGERING FOR ME. I PROMISE I HAVE MARKED MY CALENDAR FOR MAY AND WILL NOT FORGET AGAIN. AND ONCE MORE I TRULY APOLOGIZE.

JAMES E WALLS
AQUA DOCTOR INC.

