

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 24 PM 3:18

STATE
TALLAHASSEE, FLORIDA

400138230224
11/24/08--01030--018 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

DOCUMENT # P01000011818

1. Corporation Name

Waters Edge Investments, Inc.

2. Principal Office Address - No P.O. Box #

788 Manatee Bay Drive

Suite, Apt. #, etc.

City & State

Boynton Beach

Zip

33435

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 1/31/2001

5. FEI Number
593701114

☒ 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

Joseph Dos Santos

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

788 Manatee Bay Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33435

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joseph Dos Santos
REGISTERED AGENT MUST SIGN

Date 11/20/2008

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
PD	Joseph Dos Santos	788 Manatee Bay Drive	Boynton Beach, FL 33435
VSTD	Susan Dos Santos	788 Manatee Bay Drive	Boynton Beach, FL 33435

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Dos Santos

11/20/2008

Date

561-374-2710

Daytime Phone #