

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000020952

1. Corporation Name

1560 CLEARWATER, INC.

Principal Place of Business

9975 COUNTY ROAD 470
BLUE RIDGE TX 75424

Mailing Address

9975 COUNTY ROAD 470
BLUE RIDGE TX 75424

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2001

5. FEI Number

74-2992941

Applied For

Not Applicable

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
President	Stephanie Murdoch	9975 CR 470	Blue Ridge, TX 75424

500009155335
11/21/02--01103--010 **150.00

8. Name and Address of Current Registered Agent

SPEARS, TONI
1560 MCMULLEN BOOTH
SUITE G
CLEARWATER FL 33759

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

CR2E040 (8/02)

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

X *Stephanie Murdoch*
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/02

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.

Stephanie Murdoch

SIGNATURE:

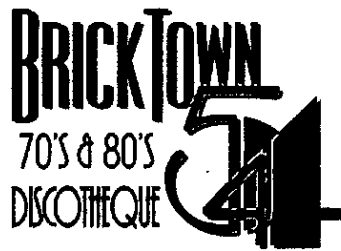
Stephanie Murdoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/02

Daytime Phone #

972-734-3600



November 4, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We did not receive our (UBR) Uniform Business Reports requesting our 2002 Annual Report. Enclosed you will find our Application For Reinstatement along with the fee of \$150.00 fee. Please contact me if you need any additional information.

Thanks in advance for your assistance,

A handwritten signature in cursive script that reads "Stephanie Murdoch".

Stephanie Murdoch
Director of Administration
972-734-3600

CORPORATE OFFICE

9975 CR 470
Blue Ridge, TX 75424