

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023700

1. Corporation Name

WATERFORD CAPITAL CORPORATION

Principal Place of Business

1110 BRICKELL AVENUE, SUITE 430
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE, SUITE 430
MIAMI FL 33131



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

2. New Principal Office Address, If Applicable

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 430

City & State

MIAMI, FLORIDA

Zip

33131

Country

U.S.A.

3. New Mailing Office Address, If Applicable

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 430

City & State

MIAMI, FLORIDA

Zip

33131

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2001

5. FEI Number

65-1077209

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
D	HUERTA, MANUEL A JR	1110 BRICKELL AVENUE, SUITE 504	MIAMI FL 33131

Rule

8. Name and Address of Current Registered Agent

SCHATZMAN, LARRY O ESQUIRE
1110 BRICKELL AVENUE, SUITE 504
MIAMI FL 33131

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

CR2040 (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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

Waterford·Capital Corporation

October 24th, 2002

Division of Corporations
Annual Report / Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Waterford Capital Corporation – Document #P01000023700

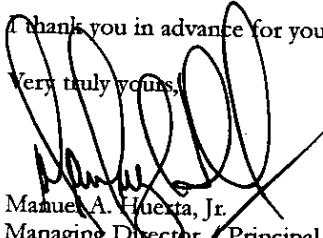
To Whom It May Concern:

Please be advised that on May 31st, 2002 I sent my check #241 in the amount of \$550.00 to your department representing the required annual fees for my corporation for the year 2002. I have attached a copy of my bank statement reflecting that my bank paid this check on June 5th, 2002. I have been informed that on June 6th, 2002 a rejection letter was sent to me, which I never received. At this time I request that my corporation be properly reinstated, as well as any and all penalty fees associated with this reinstatement be waived.

Should you require any additional information from my registered aagent, Mr. Schatzman or myself, please do not hesitate to contact me immediately.

I thank you in advance for your assistance and cooperation in resolving this matter. I remain,

Very truly yours,



Manuel A. Huerta, Jr.
Managing Director / Principal

1110 Brickell Avenue, Suite 430 • Miami, Florida • 33131

Phone: 305.374.8003 • Fax: 305.374.8007

E-mail: info@waterfordcapitalcorp.com