15 2003 01:57PM -P2 🚬 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FLORIDA DEPARTMENT OF STATE Glenda E. Hood 03 OCT 23 AM 9: 37 * FOR < Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA P01000112487 DOCUMENT # 1. Corporation Name WATER, WIND, STONE, INC. Principal Place of Business Mailing Address 828 HIGHLAND AVE 500 GEORGETOWN PL DUNEDIN FL 24600 SAFETY_HARBOR_FL_34695 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 306 Openie 51 3. New Mailing Office Address, If Applicable 306 ORANGE S Date incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. 11/21/2001 5. FEI Number Applied For 26-0005751 Not Applicable \$8.75 Additional Fee requir CERTIFICATE OF STATUS DESIRED | 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) Name of Officers Title(s) Street Address of Each and/or Directors Officer and/or Director City / State / Zip ROSADA, JOSEPH F 500 GEORGETOWN PLACE <u>Safety Harbor FL 34695</u> Zon de earilles, hm rect ٧P GREEN, DOROTHY SAFETY HARBOR FL 34895errillos, non 400024056904 * + + · , 10/23/03--01086--005 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ROSADO, F. JOSEPH Street Address (P.O. Box Number is 63 CORAZON de ORD 500 GEORGETOWN PL 306 Ceacilles, nm Suite, Apt. #, Etc. Zip Code 870 lu 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

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 filling 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

October 21, 2003

Florida Department of State **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

Dear Officer:

Last week I received notice of dissolution or revocation of our corporation, due to our failure to send in our filing fee. Unfortunately we did not receive the two prior uniform business report notices. Our business moved last year and it appears the notices went to an old address and did not get forwarded through the mail.

I am sending this letter along with the reinstatement form and our check in the amount of \$150.00 to properly reinstate our corporation without penalty.

Thank you for your services.

Sincerely,

Dorothy Geer Officer

Water Wind Stone, Inc.