

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000062362

1. Corporation Name

NAIREMORE'S WATERPROOFING, INC.

Principal Place of Business

122 LAKESIDE CIR  
PANAMA CITY BEACH FL 32413

Mailing Address

122 LAKESIDE CIR  
PANAMA CITY BEACH FL 32413

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

06/05/2002

5. FEI Number

03-0454802

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	NAIREMORE, JONATHAN B	122 LAKESIDE CIR	PANAMA CITY BEACH FL 32413

100023856891

10/16/03--01054--018 \*\*150.00

10/16/20

8. Name and Address of Current Registered Agent

NAIREMORE, JONATHAN B-  
122 LAKESIDE CIR  
PANAMA CITY BEACH FL 32413

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

Jonathan Brent Nairemore

REGISTERED AGENT MUST SIGN

Date

10-14-03

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:

Jonathan Brent Nairemore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03

Date

850-960-9475

Daytime Phone #

CR20040 (7/03)

Nairemore's Waterproofing, Inc  
122 Lakeside Circle  
Panama City Beach, Fl 32413  
850-960-9475

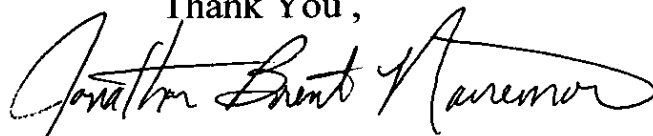
Department Of State  
Application for Reinstatement

To Whom it may concern,

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I, Jonathan Brent Nairemore did not receive the notice for Annual Report for my Corporation. Please process my reinstatement with no reinstatement fee. I have enclosed a check in the amount of 150.00.

Thank You ,



Jonathan Brent Nairemore