

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 13 PM 3:18

DOCUMENT # P02000065406

1. Corporation Name

Glades Water Restoration Services, INC

2. Principal Office Address

505 Elion Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

505 Elion Ave.
Suite, Apt. #, etc.

City & State

South Bay, FL

Zip Country

33493

City & State

South Bay, FL

Zip Country

33493 Palm Beach

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number

48-1262786

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

Ethell Fields

100056113621
06/13/05--01033--004 **453.75

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

505 Elion Ave.

Suite, Apt. #, Etc.

City

South Bay

State
FL

Zip Code
33493

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

Ethell Fields

Date 06-09-05

REGISTERED AGENT MUST SIGN

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
P	Ethell Fields	505 Elion Ave South Bay	South Bay, FL 33493
V.P	Alfred Fields SR	505 Elion Ave.	South Bay FL 33493
S	Alfred Fields Jr.	505 Elion Ave.	South Bay FL 33493

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 under section 119.07(3)(f), 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:

Ethell Fields Ethell Fields

06/09/05 (561)996-7587

Date

Daytime Phone #

CR2E081 (01/05)

2 of 2

Glades Water Restoration Services

To who concern , will you please wave the reinstatement fee because the (UBR) was never received.

President *Ethell Fields*