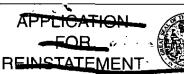
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000080933

1. Corporation Name

WATERWAY BOAT LIFT COVERS, INC.

Principal Place of Business

Mailing Address

400 COLONY POINT DRIVE PUNTA GORDA FL 33950

Zip

400 COLONY POINT DRIVE PUNTA GORDA FL 33950

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Country Zip Country

FILED

03 OCT 13 AM 9: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



ubr

03

4.	Date Incorporated or Qualified	
	To Do Business in Florida	
	TO DO DUBINOSO III FIONIDA	07/25/2002
		01/20/2002

5. FEI Number

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED \square

\$8.75 Additional Fee required for a Certificate of Status

7. Names	and Street Addresses of Each Officer and/or Director (F	lorida nonprofit corporations must list at least 3 directors)	
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GETTINGER, JOHN R	400 COLONY POINT DRIVE	PUNTA GORDA FL 33950
1		90 10/13/	0023751799 0301070020 **150.00
	8. Name and Address of Current Registered Ad	sent 9 Name and	Address of New Registered Agent

GETTINGER, JOHN R 400 COLONY POINT DRIVE PUNTA GORDA FL 33950 Name S. Name and

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

Suite, Apt. #, Etc.

City

State 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

EGISTERED AGENT MUST SIGN

Date _

10-10-03

11. I certify that I amount of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03 5-05-023

Daytime Phone #

30F

WATERWAY
PUNTA GORDA, FLA. 33950

FEF # 01-0741296

DOCUMENT # PO200080933

We did Not Receive ANY Report

UBR Notices

John R. Sellings John R. Gettingen

. محمر<u>ة</u> ، ا