

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080933

1. Corporation Name

WATERWAY BOAT LIFT COVERS, INC.

Principal Place of Business

Mailing Address

400 COLONY POINT DRIVE
PUNTA GORDA FL 33950

400 COLONY POINT DRIVE
PUNTA GORDA FL 33950



UBR

03

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

01-0741296

Zip

Country

Zip

Country

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	GETTINGER, JOHN R	400 COLONY POINT DRIVE	PUNTA GORDA FL 33950

900023751799
10/13/03--01070--020 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GETTINGER, JOHN R
400 COLONY POINT DRIVE
PUNTA GORDA FL 33950

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

John R. Gettinger
REGISTERED AGENT MUST SIGN

Date **10-10-03**

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:

John R. Gettinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03
Date
Daytime Phone # **505-0237**

CR2ED40 (7/03)

2012

WATERWAY
25522 E. MARION AVE
PUNTA GORDA, FLA. 33950
941-505-0237

10-10-03

FEI # 01-0741296

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We did not Receive ANY Report

UBR Notices.

John R. Gettinger
PRES.
JOHN R. GETTINGER