

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000106567

1. Corporation Name

TOOTER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5460 TROPICAIRES BLVD
NORTH PORT FL 34287

5460 TROPICAIRES BLVD
NORTH PORT FL 34287

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

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/2002

5. FEI Number

65-1111037

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	FRISCH, LARRY	5460 TROPICAIRES BLVD	NORTH PORT FL 34287
D	FRISCH, PAMELA	5460 TROPICAIRES BLVD	NORTH PORT FL 34287

REINSTATEMENT 03 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRISCH, LARRY
5460 TROPICAIRES BLVD
NORTH PORT FL 34287

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

REGISTERED AGENT MUST SIGN

Date

10-9-03

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.

PAMELA R. FRISCH

SIGNATURE:

PAMELA R. FRISCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

800-832-6145

Daytime Phone #

CR2E040 (7/03)

May 2004

TOOTER ENTERPRISES INC
DBA HYDRO AERATION SYSTEMS
5460 TROPICAIRE NORTH PORT, FLORIDA 34287
PHONE 800-832-6145 FAX 941-423-7141

October 9, 2003

Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

We did not receive our two prior UBR notices. We left the state of Florida on April 30, 2003 to look at various jobs in the northern states. We made two short visits back to Florida during the summer, but did not return to resume our office here until the end of September 2003. Our mail was being forwarded but we did not receive many important pieces of mail such as insurance renewals and bank statements.

We are enclosing our check for \$150.00 to reinstate our corporation FEI number 65-1111037. If you need additional information, you can reach us at 1-800-832-6145.

Thank you for your help in this matter.

Sincerely,

Pamela K. Frisch

Pamela K. Frisch