


2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 10/2

DOCUMENT # P03000060766 1. Entity Name WETROCK, INC.					
Principal Place of Business 1823 SANTA BARBARA DR DUNEDIN, FL 34698			Mailing Address 1823 SANTA BARBARA DR DUNEDIN, FL 34698		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMS, TIMOTHY A 1823 SANTA BARBARA DR DUNEDIN, FL 34698				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. PRESIDENT SIMS, TIMOTHY A 1823 SANTA BARBARA DRIVE DUNEDIN, FL 34698 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060309532 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/06/05--01063--012 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10-1-05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Timothy Andrew Sims Timothy Andrew Sims			10-1-05 _____ Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
05 NOV -7 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292005 REIN-P CR2E098 (6/04)

4. FEI Number **43-2016254** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

PS 242

08/29/05

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee , Florida 32314

Re : Corporate Reinstatement of Wetrock , Inc.

Dear Sir \ Madam:

Enclosed is the Corporation Reinstatement for Wetrock , Inc. . I have enclosed a check in the amount of \$ 150.00 which represents the Annual Report Fee (\$ 61.25 per year) and the Corporate Supplemental Fee (\$ 88.75 per year) .

I was shocked when I received a letter in the mail (attached) informing me that my corporation was dissolved. I have never received an annual report in the mail. I immediately contacted my CPA who prepared the reinstatement form. I never received the annual report .

I have always used ordinary business care and procedures. I have followed up on this matter as soon as I was made aware there was a problem. There was never any willful neglect of the law. I am hopeful that you will abate the reinstatement . I am the owner of a small business and was relying on outside professionals to make certain that all business matters and filings are filed and paid in a timely manner.

I thank you for your immediate attention into this matter.

Sincerely

Tim Sims