

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # P03000143394

1. Entity Name  
DEW BUSTERS, INC.



05 DEC 12 AM 11:56

SEC. OF STATE  
TALLAHASSEE, FLORIDA

05

Principal Place of Business  
169 DAY DR  
ATTN: THOMAS A. POTZER  
SEBASTIAN, FL 32958

Mailing Address  
169 DAY DR  
ATTN: THOMAS A. POTZER  
SEBASTIAN, FL 32958

2. Principal Place of Business  
169 DAY DR.  
Suite, Apt. #, etc.

3. Mailing Address  
169 DAY DR.  
Suite, Apt. #, etc.

City & State  
SEB, FLORIDA

City & State  
SEB, -FLORIDA

Zip  
32958

Country  
U.S.A.

Zip  
32958

Country  
U.S.A.



12022005 REIN-P CR2E098 (6/04)

4. FEI Number  
54-2141146

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
POTZER, THOMAS A  
169 DAY DR  
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent  
Name  
THOMAS A. POTZER  
Street Address (P.O. Box Number is Not Acceptable)  
169 DAY DR.  
City  
SEBASTIAN FL 32958

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: Thomas A. Potzer  
Signature, typed or printed name of registered agent and is not applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P POTZER, THOMAS A 169 DAY DR SEBASTIAN, FL 32958 <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	DEBRA K. POTZER 169 DAY DR. SEB. FL. 32958 - TRANSFER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300062484023 12/30/05--01007--009 **158.75 <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
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: Thomas A. Potzer PRESIDENT 12-7-05 772-5893196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #