

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 FEB -3 PM 12:49

DOCUMENT # P04000035951

1. Corporation Name

Tri County Water & Well Services Inc

B 2/4/10  
600166854916  
02/03/10--01033--002 \*\*158.75

**REINSTATEMENT** 08-10

600166854916  
01/21/10--01043--014 \*\*300.00  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

18866 NW 83rd Trail

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Okeechobee FI

City & State

Zip

Country

Zip

Country

34972

4. Date Incorporated or Qualified  
To Do Business in Florida

April 2004

5. FEI Number

27-0081271

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Catherine McCorts

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

18866 NW 83rd Trail

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Catherine McCorts*

Date 1-19-2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Charles D McCorts Sr	18866 NW 83rd Trail	Okeechobee FI 34972
VP	Charles D McCorts Jr	3760 NW 165th Ct	Okeechobee FI 34972
S/T	Catherine McCorts	18866 NW 83rd Trail	Okeechobee FI 34972

10. E-mail Address: tcwater@hughes.net

(To be used for future annual report notification)

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. I further certify, 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:

*Catherine McCorts*

5/1/10

1-19-2010 863-357-8668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #