

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 26 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33439**

1. Corporation Name
WATS/800, INC.

Principal Place of Business

c/o Damian Freeman
9321 Lake Lotta Circle
Gotha, FL 34734

Mailing Address

c/o Damian Freeman
9321 Lake Lotta Circle
Gotha, FL 34734

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

REINSTATEMENT 910-97

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1991

5. FEI Number **35-1786336**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
PD	FREEMAN, DAMIAN T.	2825 ROBERT TRENT JONES DR.	ORLANDO FL 32835
D	STAGER, JOHN S.	1025 W. HILLSDALE	EVANSVILLE IN
V	FREEMAN, PATRICK	124 OLYMPUS DRIVE	ODDIE FL 04701
D	STEVENS, ROBERT M.	850 ST. MARY'S DRIVE	EVANSVILLE IN
T	BECKER, JAMES R	2813 PARKLAND DRIVE	ORLANDO FL
S	STAGER, JOHN S	1025 W. HILLSDALE	EVANSVILLE IN

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, DAMIAN
2825 ROBERT TRENT JONES DRIVE
#1011-
ORLANDO FL-32835

See →

Name

Street

Suite

City

c/o Damian Freeman
9321 Lake Lotta Circle
Gotha, FL 34734

In 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.

Signature of
Registered Agent

[Signature]

DAMIAN FREEMAN
REGISTERED AGENT MUST SIGN

Date **9/30/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAMIAN FREEMAN

Date

Daytime Phone #

9/30/96 407 299 0719