

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 27 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000072588

1. Corporation Name

1212 W. Waters, Inc.

2. Principal Office Address

10701 Al Capone Road

Suite, Apt. #, etc.

3. Mailing Office Address

10701 Al Capone Road

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624-4805

Country

Hillsborough

Zip

33624-4805

Country

Hillsborough

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/1993

5. FEI Number

593210475

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

Thomas S. Rutherford

700046018717

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

13153 N. Dale Mabry Highway

02/04/05-01013-022 **450.10

Suite, Apt. #, Etc.

Suite 115

City

Tampa

State

FL

Zip Code

33618-2410

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

REGISTERED AGENT MUST SIGN

Date

1/25/05

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	William L. Floyd	10701 Al Capone Road	Tampa, FL 33624-4805
S	Gail A. Floyd	17847 Driftwood Lane	Lutz, FL 33558
T	Jocelyn R. Floyd	17595 James Road	Dade City, FL 33523

10. 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:

William L. Floyd William L. Floyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05

Date

813-961-3370

Daytime Phone #

CR2E081 (01/05)

6

20fz

January 25, 2005

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

RE: 1212 W. Waters, Inc.

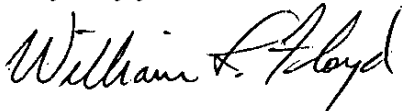
To Whom It May Concern:

I hereby request reinstatement of the above corporation and waiver of the reinstatement fees. The corporation was moved and the annual report filing papers were not received, hence no filing was made.

Enclosed is a check in the amount of \$450.00 as specified by your office by telephone this date.

Your prompt attention will be appreciated.

Very truly yours,



William L. Floyd, President
1212 W. Waters, Inc.
10701 Al Capone Road
Tampa, FL 33624-4805
813-961-3370