

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR 97-98
REINSTATEMENT**



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

APPROVED
AND
FILED

98 JAN 23 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012496

1. Corporation Name

WATERS EDGE DEVELOPMENT, INC.

Principal Place of Business

201 E OSCEOLA ST
STUART FL 34994
US

Mailing Address

201 E OSCEOLA ST
STUART FL 34994
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0563418

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ROBERT N. COOPER	201 E. OSCEOLA STREET	STUART FL
			500002415205-5
			-01/28/98--01105--007
			****900.00 ****900.00
			REINSTATEMENT 97-98
			<i>A. Alan</i>
			<i>Jan. 23, 1998</i>

8. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 E. OCEAN BLVD.
2-A
STUART FL 34996

9. Name and Address of New Registered Agent

Name *Robert N. Cooper*
Street Address (P.O. Box Number is Not Acceptable)
201 E. OSCEOLA ST.
Suite, Apt. #, Etc.
City *STUART* State *FL* Zip Code *34994*

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]
REGISTERED AGENT MUST SIGN

Date *1-15-98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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

561-286-1000
1/15/98
Date Daytime Phone #

CR2ED040 (8/97)