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 DEC -2 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/04/97--01116--003
****750.00 ****750.00

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000060947

1. Corporation Name: WATA Sub Corp

Principal Place of Business	Mailing Address
305 S. Andrews ave Ft. Laud Fl 33301	9873 NW 13 ct Cond Springs Fl 33071

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 Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/96

5. FEI Number: 65-0674929 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (DO NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres/T	Bruce D Howen	9873 NW 13 ct	Cond Sp FL 33071
VP	Bruce D. Howen	9873 NW 13 ct	Cond Sp FL 33071
Sec/T	Bruce D. Howen	9873 NW 13 ct	Cond Sp FL 33071

8. Name and Address of Current Registered Agent

Mark Howen
NW 11 ave FL

9. Name and Address of New Registered Agent

Name: Bruce Howen
Street Address (P.O. Box Number is Not Acceptable): 9873 NW 13 ct
Suite, Apt. #, Etc.:
City: Cond Sp | State: FL | Zip Code: 33071

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] Date: 11/6/97

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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] President 11/1/97 954 370 4366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E036 (12/96)