

PLEASE READ ALL INSTRUCTIONS, BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 SEP 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000055942*

1. Corporation Name

White Water Service Inc

2. Principal Office Address

19242 Capet Creek Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Loxahatchee FL

Zip

33470

Country

WPB

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-2-96

5. FEI Number

65 0679185

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

DAVID W. WHITE

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

19242 Capet Creek Court

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

[Signature]

Date

9-12-01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres</i>	<i>DAVID W WHITE</i>	<i>19242 Capet Crk Ct</i>	<i>Loxahatchee FL 33470</i>
<i>Vice Pres</i>	<i>TAMARRA K WHITE</i>	<i>19242 Capet Creek Ct</i>	<i>Loxahatchee FL 33470</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-12-01

Daytime Phone #

954-444-6974

WHITE WATER SERVICE INC

19242 Capet Creek Court
Loxahatchee, FL 33470

Phone \ Fax : 1-561-784-5742
Mobile : 1-954-444-4794

September 11, 2001

Florida Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Re: White Water Service Inc.

Document # P96000055942

I David W. White never received the 2000 corporation filing notice and therefore I was unaware that the \$150.00 filing fee was due. Please except this \$300.00 for the 2000 and the 2001 filing fee to reinstate my corporation.

Thank you,

David W. White

David W. White