

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 JAN 24 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090475

1. Corporation Name

WATER-WORKS MARINE, INC.

Principal Place of Business

1114 W THOMASVILLE RD
TALLAHASSEE FL 32303

Mailing Address

P O BOX 3665
TALLAHASSEE FL 32315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2808 Remington Green Cir. N., Ste. 200

Suite, Apt. #, etc.

Tallahassee, FL

City & State

3. New Mailing Office Address, If Applicable

2808 Remington Green Cir. N., Ste. 200

Suite, Apt. #, etc.

Tallahassee, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

19-3412838

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	AUSLEY, DANIEL	POST OFFICE BOX 1320	CARRABELLE FL 32322
VPSD	AUSLEY, KELLEY N	POST OFFICE BOX 1320	CARRABELLE FL 32322

8. Name and Address of Current Registered Agent

AUSLEY, MARGARET B
316 EAST JEFFERSON ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Daniel M. Ausley

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

2808 Remington Green Cir. N., Ste. 200

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

1/24/01

11. 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/01 (850) 561-1033

Daytime Phone #

CR2E040 (8/00)