

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 1:39

SECRETARY OF STATE
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12/18/02--01045--010 **150.00

DOCUMENT # P96000104142

1. Corporation Name

WAKE OF THE FLOOD, INC.

2. Principal Office Address

908-B Kennedy Dr.

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

1107 Key Plaza

Suite, Apt. #, etc.

Suite 159

City & State

Key West, FL

Zip

33040

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1996

5. FEI Number

65-0715252

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

Charile Chaplin

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

17585 Brentwood Ct.,

Suite, Apt. #, Etc.

City

Ft. Myers

State
FL

Zip Code

33912

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

CPD

Date 12-16-02

REGISTERED AGENT MUST SIGN

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/T/D	Chaplin, Charles	17585 Brentwood Ct.	Ft. Myers, FL 33912
VP/S/ D	Ewing, Patricia	17585 Brentwood Ct.	Ft. Myers, FL 33912

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:

CPD Charles Chaplin Pres.

Date

12-16-02 239 437-3312

Daytime Phone #

2nd 3

ALBERT L. KELLEY, P.A.

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W. EDWARD MCLEOD, OF COUNSEL
ENTLWR@EARTHLINK.NET

OFFICES IN KEY WEST AND
WINTER PARK/ORLANDO

December 9, 2002

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Wake of the Flood, Inc.

Dear Sirs;

With this letter we are forwarding to the Department an Application for Reinstatement for Wake of the Flood, Inc. My clients have not received any of the prior UBR forms and therefore are changing the mailing address of the corporation to ensure they receive all future forms. I am also enclosing a letter from the President of the company, requesting that you waive the reinstatement fee for the corporation. Finally, we are enclosing a check made payable to the Florida Department of State in an amount of \$150.00. Thank you for your assistance.

Very truly yours,



Albert L. Kelley

2013

Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Wake of the Flood, Inc.

Dear Sirs;

By way of this letter, I am asking you to waive the reinstatement fees for this company. While the address on the form is correct, I have not received any previous UBR forms. We are changing the corporate mailing address to prevent any future problems. We have also changed the corporate officers for this corporation. I will no longer be serving as an officer or director upon the reinstatement taking effect.

Thank you for your attention to this.

Very truly yours,



Kathleen Kearns, President
Wake of the Flood, Inc.