## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P97000016581

1. Corporation Name

COLD WATER CORP.



03 MAY - 1 AM 7: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place of Business Mailing Address				ess			18 (1811) (1881) (1881) (1881) (1881) (1881)		
429 South Beach Rd. Hobe Sound FL 33455			429 SOUTH BEACH RD. HOBE SOUND FL 33455		180				
						DEIM	OTATE A SPEAK		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							STATEMEN	02-03	
				ing Office Address, If Applicable		4. Date Incorp	orated or Qualified		
Suite, Apt. #, etc. Suite				uite, Apt. #, etc.			To Do Business in Florida 02/20/1997		
and and the second seco						5. FEI Number 65-0730330 Applied For Not Applicable 6.			
City & State			City & State						
Zip		Country	Zip		Country			Additional Fee required 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)			3		Street Address of Each Officer and/or Director		City / State / Zip		
D	DOMENCICH, THOMAS			429 SOUTH BEACH ROAD			HOBE SOUND FL 33455		
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J									
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				05/02/0301111001 **900.00					
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8. Name and Address of Current Registered Agent						9. Name and	Address of New Registered Ag	jent	
ANGELL CORPORATE SERVICES, INC.						S DOMENCICHT			
						So. BEACH KU			
SUITE 400 Suite, Apt. #, Etc.							MC/I ND		
WEST PALM BEACH FL 33401						-	State	Zip Code	
Hobe						5 (33453)   FL (33453			
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. or 617.0505, F.S.									
$\rho$ 10 $\sim$									
Signature of RED Page 4-30-03									
Registered	Agent	R	EGISTERED AG	ENT MUST	SIGN		Date		
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 filling 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									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

4-30-03