

PLEASE READ ALL INSTRUCTIONS BEFORE C

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -8 AM 7:25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000038576**

1. Corporation Name

**WATER : Worldwide Attractions +
Themed Entertainment Resources**

400075285464
05/25/06--01019--022 **908.75

REINSTATEMENT

05-06

2. Principal Office Address

2513 Woodland Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

Zip

32141

Country

Volusia

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1994?

5. FEI Number

59-3511573

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

Nancy K. Rustad

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

2513 Woodland Drive

Suite, Apt. #, Etc.

City

Edgewater

State

FL

Zip Code

32141

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

Nancy K. Rustad

Date

4-24-06

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	John M. Rustad, Jr.	2513 WOODLAND DR. EDGEWATER, FL 32141	
VP	Nancy Rustad	same	
T	John M. Rustad Jr.	same	
S	Nancy Rustad	same	

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 contained in Chapter 119, 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:

Nancy K. Rustad

Nancy K. Rustad 4/24/06

Date

Daytime Phone #

**011-44-
796-255-
5660**

Williams MAY - 8 2006