

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 OCT 19 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P98000082082

**1. Corporation Name**

EMERALD COAST WATER, INC.

**2. Principal Office Address**

628 Lovejoy Road, #2

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

**3. Mailing Office Address**

Post Office Box 2260

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32549

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/21/98

**5. FEI Number**

593535225

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

JEFFREY P. CURTIS

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

628 Lovejoy Road, #2

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

**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

JEFFREY P. CURTIS REGISTERED AGENT MUST SIGN

Date 10/18/00

**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	CURTIS, JEFFREY P.	628 Lovejoy Road, #2	Fort Walton Beach, FL 32548
V/P	RUSHING, JOHN R.	628 Lovejoy Road, #2	Fort Walton Beach, FL 32548
V/P	FISHER, RONALD G.	628 Lovejoy Road, #2	Fort Walton Beach, FL 32548
S/T	CONNART, DAVID	628 Lovejoy Road, #2	Fort Walton Beach, FL 32548

**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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JEFFREY P. CURTIS, President

10/18/00 (850) 243-0769  
Date Daytime Phone #

KE

CR2E081 (9/99)

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 869014 81034A

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 750.00

ORDER DATE : October 19, 2000

ORDER TIME : 11:03 AM

ORDER NO. : 869014-005

CUSTOMER NO: 81034A

CUSTOMER: Michael W. Mead, Esq  
Michael Wm. Mead, Esq  
P. O. Drawer 1329

Fort Walton Bea, FL 32549-1329

DOMESTIC FILINGS

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 AM 11:21

NOT RETURNED  
TO AGENCY OF FILING  
SUFFICIENTLY

NAME: EMERALD COAST WATER, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS \_\_\_\_\_