

1130000827933

PLEASE READ ALL INSTRUCTIONS BEFORE

13 APR 12 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000042661

1. Corporation Name:
TIDEWATER VENTURES, INC.

2. Principal Office Address - No P.O. Box
13909 SHADY SHORES DR

3. Mailing Office Address:
13909 SHADY SHORES DR

CITY & STATE: TAMPA, FL CITY & STATE: TAMPA, FL

ZIP: 33613 COUNTRY: USA ZIP: 33613 COUNTRY: USA

4. Date incorporated or chartered:
To Do Business in Florida: 5/10/1999

5. FEEL NUMBER: 593577777

6. CERTIFICATE OF STATUS REQUIRED: **IS7E Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent:
DONALD R. MINCEY
City/Address/State/Zip: 13909 SHADY SHORES DR
City/State/Zip: TAMPA FL 33613

8. I am filing this application for the reinstatement of the following corporation, and I am filing with one exception the documents of section 607.0035 or 607.0033, F.S.

Signature of Registered Agent: Donald R. Mincey, President Date: 4/11/13
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and Director (If only reinstating corporation's majority of at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
<u>PRES.</u>	<u>DONALD R. MINCEY</u>	<u>13909 SHADY SHORES DR</u>	<u>TAMPA, FL 33613</u>

10. E-mail Address: dmincey@gmail.com
(To be used for future correspondence)

11. I certify that I am an officer or director of the corporation or I, as an authorized signatory, am applying for reinstatement as provided for in chapter 607 or 607.0033, F.S. I have read that restoring this reinstatement application, the reasons for disqualification have been corrected, the corporate name satisfies the requirements of section 607.0031 or 607.0031, F.S., and that all fees owed by the corporation have been paid. Further, the information stated on this application is true and accurate, and my signature shall have the same legal effect as if made in compliance. I am making this declaration as a requirement of the Department of State and it has a full and complete effect as provided for in s. 607.0033, F.S.

SIGNATURE: Donald R. Mincey, President Date: 4/11/13 813/220-7907
SIGNATURE AND TITLE OF PRESIDENT, NAME OF SIGNOR, OFFICER OR DIRECTOR

REINSTATEMENT

1013

FORM 607 (1/10)

1130000827933

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6384

8734953

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**CORPORATION REINSTATEMENT
TIDEWATER VENTURES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00