

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS

06 OCT 30 PM 2:09

DOCUMENT # P99 000072282

1. Corporation Name

William A. Waters III, INC

2. Principal Office Address

16 Bellevue Drive

Suite, Apt. #, etc.

3. Mailing Office Address

16 Bellevue Drive

Suite, Apt. #, etc.

City & State

TREASURE ISLAND, FL

Zip

33706

Country

PINELLAS

City & State

TREASURE ISLAND, FL

Zip

33706

Country

PINELLAS

REINSTATEMENT

01-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/13/99

5. FEI Number

593592751

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

William A. Waters III

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

16 Bellevue Drive

Suite, Apt. #, Etc.

City

TREASURE ISLAND

State  
FL

Zip Code

33706

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/2006

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
<u>Pres</u>	<u>William A. Waters III</u>	<u>16 Bellevue Drive</u>	<u>TREASURE ISLAND, FL 33706</u>

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10/30/06--01048--020 \*\*1500.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Waters III

Date

10/24/06

Daytime Phone #

(727) 709-8735