

\$ 750.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 MAY -5 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9900005116

1. Corporation Name

Get wet Swim School Inc.

2. Principal Office Address - No P.O. Box #

1004 Woodside Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

FIA

Suite, Apt. #, etc.

City & State

Clearwater

City & State

Zip

33756

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3606526

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

Kathryn Garcia

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

1004 Woodside Ave

Suite, Apt. #, Etc.

~~FLA~~

City

Clearwater

State

FL

Zip Code

33756

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kathryn C Garcia

REGISTERED AGENT MUST SIGN

Date 4-26-08

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 |
|--------|--------------------------------------|---|---|
| D | Kathryn C. Garcia | 1004 Woodside Ave. | Clearwater, FL 33756 |
| | | | 100129431391 05/14/08-01007-004 **\$600.00 |
| | | | 10/28/04 60724 019 130.60 |
| | | | |
| | | | REINSTATEMENT |
| | | | 04-08 |

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: Kathryn C Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-08

Date

727 798 7946

Daytime Phone #