

PLEASE READ ALL INSTRUCTIONS BEFORE FILING

FILED
Mar 13, 2003 8:00 A.M.
Secretary of State

CORPORATION
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000107998

1. Corporation Name

GARY GREICO WATERCARE INC

2. Principal Office Address

349 ADALIA TER

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

Same

Zip

33953

Country

U.S

Zip

Same

Country

Same

4. Date Incorporated or Qualified To Do Business in Florida

1999

5. FEI Number

650969506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

2002-2003 UBR

7. Name and Address of Current Registered Agent

Name

GARY R. GREICO

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

349 ADALIA TER.

Suite, Apt. #, Etc.

200013915052

03/11/03--01039--009 **300.00

City

PORT CHARLOTTE

State
FL

Zip Code

33953

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

Gary Greico

REGISTERED AGENT MUST SIGN

Date 3-6-03

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>GARY R. GREICO</u>	<u>349 ADALIA TER</u>	<u>PORT CHARLOTTE, FL 33953</u>
<u>Sec</u>	<u>PAUL O. STITES</u>	<u>5347 KENNIL RD</u>	<u>NORTH PORT, FL 34292</u>
<u>TRUS</u>	<u>CHRIS FULTON</u>	<u>1240 CARMELITA RD</u>	<u>PUNTA GENERA, FL 33955</u>

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)(i), 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:

Gary Greico

GARY R. GREICO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

Date

941-253-9599

Daytime Phone #

CR2E081 (10/02)

287

24-Hour Service

WELL DRILLING
IRRIGATION
WATER TREATMENT



(941) 255-9599

(941) 629-4021 (Fax)

Licensed, Bonded & Insured

TO WHOM IT MAY CONCERN

I DID NOT RECEIVE THE U.B.R. FORM FOR 2002.
I ASK TO PLEASE WAIVE THE PENALTY FEE.
ENCLOSED WILL BE A \$300.00 CHECK FOR 2002-2003

THANK YOU
Gary Greico