APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FIGED
SECRETARY OF STATE
FLYSTER CONTORATION

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4/91

Applied For

Not Applicable

Additional Fee require
Certificate of Status

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DOOI	INVEV	IT #	98/498

Corporation Name			. , .	erigin din		,
The Watercrest Rental Co	mpany		The second second			
Principal Place of Business	Mailing Address					
6201 Thomas Drive Panama City Beach, FL 32		omas Drive City Beach,	FL 32408			•
			-V b ala			
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable 6126 Thomas Drive	3. New Mailing 6126 Th	Office Address, If Appl nomas Drive	icable	Date Incorpora To Do Busines	ted or Qualified s in Florida	10/
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc		דו	5. FEI Number	59-3091207	
Panaam City Beach, FL Zip 32408 Country USA	Zip 32408	City Beach, Country US		6. CERTIFICATE O	F STATUS DESIRED	□ \$6.75 to
7. Names and Street Addresses of Each Officer at	nd/or Director (Florida					
Title(s) Name of Officers and/or Directors			Address of Each and/or Director ost Office Box N	•	<u> </u>	City / Sta
			- 4			20

Title(s)	Name of and/or C	Officers Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PD	William P. Yo	ung		s Drive	ি বৈধি কৰিছে ।		ty Beach, FL	32408
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-	8. Name and Addres	s of Current Registered Age	ent	Nama		Address of New Reg		

Brian D. Hess
Street Address (P.O. Box Number is Not Acceptable) William P. Young 6201 Thomas Drive 9108 Front Beach Road Panama City Beach, Florida 32408 Suite, Apt. #, Etc. Zip Code City 32407 Panama City Beach 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN (See other side for information on intangible tax.) 11. This corporation owes or has paid the current year Yes 🔼 No l Intangible Personal Property tax due June 30.

12. 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 owe if 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:

GRATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

7122/00

Daytime Phone #