

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 SEP -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # S85847

1. Corporation Name

Whitewater Construction, Inc.

2. Principal Office Address

3064 Osprey Lane

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

34622

Country

US

3. Mailing Office Address

3064 Osprey Lane

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

34622

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/91

5. FEI Number

59-3086562

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

Kimberly H. Pullen

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

215 South Monroe

Suite, Apt. #, Etc.

Suite 500

City

Tallahassee

600003389888 -- 1

-09/12/00--01050--021

****900.00 ****900.00

600003389888 -- 1

-09/12/00--01050--022

****8.75 ****8.75

State
FL

32301

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

Kimberly H. Pullen

REGISTERED AGENT MUST SIGN

Date 9/8/00

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
P	Robert D. Donaldson	3064 Osprey Lane	Clearwater, FL 34622
D	Kimberly H. Pullen	215 South Monroe, #500	Tallahassee, FL 32301

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

Kimberly H. Pullen
Kimberly H. Pullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

(850) 224-1585

Daytime Phone #

KE

CR2E081 (9/99)