

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -9 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51289

1. Corporation Name

AQUATERRE ENTERPRISES, INC.

2. Principal Office Address

27 Loggerhead Lane

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

3. Mailing Office Address

6600 N. Andrews Ave.

Suite, Apt. #, etc.

306

City & State

Fort Lauderdale, FL

Zip

33309

Country

USA

REINSTATEMENT 03-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/1992

5. FEI Number

65-0345453

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

Robert A. Reneau

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

27 Loggerhead Lane

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

6/7/2006

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
P	Robert A. Reneau	27 Loggerhead Lane	Ponte Vedra Beach, FL 32082
VP	Jodi W. Reneau	27 Loggerhead Lane	Ponte Vedra Beach, FL 32082
	<i>[Signature]</i>		

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06/27/06--01031--003 **600.00

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]

ROBERT RENEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/2006

Date

Daytime Phone #

**AQUATERRE ENTERPRISES, INC.
27 LOGGERHEAD LANE
PONTE VEDRA BEACH, FL 32082**

June 5, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Aquaterre Enterprises, Inc.
Document #V51289


Gentlemen:

Enclosed please find the Corporation Reinstatement form for the above referenced entity. Please note that our mailing address was changed in 2002. All correspondence to us was sent to our old address and thus we did not receive the Annual Report notices for 2003, 2004, 2005, and 2006. It has recently come to our attention that this corporation has been dissolved. There was no intent in dissolving the corporation.

Enclosed please find a check in the amount of \$600 in payment for the Annual Report fee and Corporate Supplemental fee for each of the above referenced years. We hereby request that you waive the \$600 reinstatement fee for the reasons stated above.

Thank you for your prompt attention and consideration on this matter.

Yours very truly,



Robert Reneau
President