

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **316567**
1. Corporation Name
Geopure Systems & Services, Inc.

FILED
97 NOV 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **2300 N.W. 71st Place, Gainesville, FL 32653**
Mailing Address: **40-004 Cook St., Palm Desert, CA 92211**

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **05/09/67**
5. FEI Number: **59-1166777**
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P	Nicholas C. Memmo	40-004 Cook St.	Palm Desert, CA 92211
VP, T, AC	James W. Dierker	40-004 Cook St.	Palm Desert, CA 92211
D, VP, CFO	Kevin L. Spence	40-004 Cook St.	Palm Desert, CA 92211
D, VP, S	DAMIAN C. Georgino	40-004 Cook St.	Palm Desert, CA 92211
VP, AS	Michael E. Hulme, Jr.	40-004 Cook St.	Palm Desert, CA 92211
AS	Amy G. Gossin	40-004 Cook St.	Palm Desert, CA 92211

8. Name and Address of Current Registered Agent
**CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324**

9. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): **000002344850--9**
Suite, Apt. #, Etc.: **-11/12797-01084-008**
City: ******750, FL ****750, FL**
State: **FL** Zip Code: **FL**

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:
Francis P. Regan
Assistant Secretary
REGISTERED AGENT MUST SIGN
Date: **11-07-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kevin L. Spence, Vice President

10/27/97 Date
414-521-8504 Daytime Phone #

CR2E040 (12/96)