

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED JUN 30 PM 2:29 DIVISION OF STATE CORP. REG., FLORIDA 200002808092 05/07/99 - 011320003 ****800.00****910,00 REINSTATEMENT
DOCUMENT # <u>507092</u>			
1. Corporation Name <u>Continental Water Conditioning of Jacksonville, Inc.</u>			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2 New Principal Office Address, If Applicable <u>1190 St. Johns Ind. Pkwy</u>		3 New Mailing Address, If Applicable <u>40-004 Cook St</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State <u>Palm Desert, CA</u>	
Zip <u>32216</u>	Country <u>USA</u>	Zip <u>92211</u>	Country <u>USA</u>
		4 Date Incorporated or Qualified To Do Business in Florida	
		5 FEI Number <u>59-1688314</u>	
		Applied For Not Applicable	
		6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D,VP,S	Stephen P. Stanczak	40-004 Cook St.	Palm Desert, CA 92211
D,P	Andrew Seidel		
D,VP	Kevin L. Spence	40-004 Cook St.,	Palm Desert, CA 92211
AS	Amy G. Gossin		
VP,C,T	James W. Dierker	40-004 Cook St.	Palm Desert, CA 92211
AT	Lisabeth W. Huddleston	10 Technology Dr.	Lowell, MA 01851
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <u>CT Corporation System</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>12005. Pine Island Rd.</u>	
		Suite, Apt. #, Etc.	
		City <u>Plantation</u>	State Zip Code <u>FL 33324</u>
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 Date <u>4-29-99</u>	
		REGISTERED AGENT MUST SIGN	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Amy Gossin</u>		ASST. Sec'y <u>4/26/99</u> <u>414-521-8504</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E040 (12/95)