

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000003248**

1. Corporation Name

WATERWEB CONSORTIUM, INC.

Principal Place of Business

3240 CORPORATE WAY
MIRAMAR FL 33025

Mailing Address

3240 CORPORATE WAY
MIRAMAR FL 33025

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

04/26/2002

5. FEI Number

71-0907177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

FILED

03 NOV 17 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700024767637

-11/17/03--01109--031 **236.25

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	4 City / State / Zip
D	BERRY, LEONARD	3970 RCA BLVD STE 3210	PALM BEACH GARDENS FL 33410
D	DONOSO, MARIA C	MPO RSMAS 4600 RICKENBACKER CSWY	MIAMI FL 33149
D	FERNANDEZ-JAUREGUI, CARLOS A	1 RUE MIOLLIS	CEDEX 15 75732 PARIS FRANCE
D/	MILLEDGE, ALLAN	3240 CORPORATE WAY	MIRAMAR FL 33025
D	MOODY, DAVID W	P O BOX 717	ALSTEAD NH 03602

8. Name and Address of Current Registered Agent

MILLEDGE, ALLAN
3240 CORPORATE WAY
MIRAMAR FL 33025

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/06/03

11. 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:

SIGNATURE REQUIRED Director and Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/06/03

CR2E040 (7/03)