

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 OCT 30 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P39718

1. Corporation Name

GEORGIA MOUNTAIN WATER, INC.

REINSTATEMENT 99

Principal Place of Business

P.O. BOX 1243
MARIETTA GA 30061

Mailing Address

P.O. BOX 1243
MARIETTA GA 30061



600002338076--3

-11/04/97--01088/008

***750.00 ***750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/21/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1526530

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
CP	CARROLL, JAMES M.	461 KELY DR.	MARIETTA GA
VC	CARROLL, STEVEN W.	1343 HILLSIDE DR-	DALLAS GA-
DV	CARROLL, THOMAS S.	RT 1 BOX 1314	BLUE RIDGE GA
D	CARROLL, MELANIE	461 KELLY DR.	MARIETTA GA
ST	CARROLL, STEVEN W.	1343 HILLSIDE DR	DALLAS GA-

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CURTIS, JEFF
702 ANCHORS ST
FT WALTON BEACH FL 32548

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/28/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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

James M. Carroll

Date 10/27/97

Daytime Phone # 770-928-9972

CP2E040 (8/97)