

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Reemelin

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000072061**

1. Corporation Name

H2O MANAGEMENT, INC.

FILED

01 OCT 24 PM 5:54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

3731 COUNTY RD. 220
 MIDDLEBURG FL 32068

Mailing Address

3731 COUNTY RD. 220
 MIDDLEBURG FL 32068



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

08/15/1998

5. FEI Number

59-3534724

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	4 City / State / Zip
D	REEMELIN, JAMES B	3731 COUNTY RD. 220	MIDDLEBURG FL 32068
D	ROTCHFORD, GEORGE	221 E. CHURCH ST.	JACKSONVILLE FL 32202
D	WELDON, DAN W	7854 KNOLL DR. S.	JACKSONVILLE FL 32210
			300004672993--2 -11/08/01--01072--004 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

REEMELIN, JAMES B
 3731 COUNTY RD. 220
 MIDDLEBURG FL 32068

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.

Signature of Registered Agent

James B Reemelin
 REGISTERED AGENT MUST SIGN

Date

10/20/01

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.

904-591-0470

SIGNATURE:

James B Reemelin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/01

Date

Daytime Phone #

CR2E040 (8/01)

P. Dierckx

10/20/01

To: FIA Department of State
Divisions of Corporations

From: H2O Management Inc.

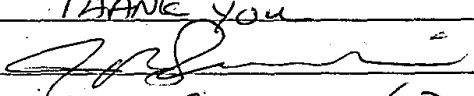
Re: Document # P98000072061

To Whom it may concern,

THIS IS THE FIRST NOTICE I
HAVE RECEIVED CONCERNING KEEPING
MY CORPORATION ACTIVE WITH THE
STATE OF FLORIDA. I HAVE ALWAYS
BEEN ON TIME IN THE PAST NOT ONLY
WITH YOU, BUT WITH THE DUVAL AND
CLAY COUNTY BUILDINGS AND LICENSING DEPTS.

PLEASE, IF POSSIBLE I WOULD LIKE
TO HAVE THE LATE FEE WAIVED. I
AM ENCLOSED THE REGULAR FEE OF
\$150.⁰⁰ AND WOULD APPRECIATE ANY
ASSISTANCE POSSIBLE

THANK YOU


James B. Freeman (Pres)