## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## CORPORATION REINSTATEMENT

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## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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1. Corporation Name

United Water Florida Inc.

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2. Principal Office Address 200 Old Hook Road		3. Mailing Office A	Address	100042907541 11/19/0401070003 **758.75		
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				
				4. Date incorporated or Qualified To Do Business in Florida 6/5/1937		
City & State	a	City & State			· · · · · · · · · · · · · · · · · · ·	
Harrir	ngton Park, NJ			<b>5.</b> FEI Number 59-1053258	Applied For	
Zip 07640	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	Not Applicable  \$8.75 Additional Fee required	
07640	USA			CEMILLONIE OF STATES DESIDED	for a Certificate of Status	
· <del></del>		7. Name	and Address of Current F	Registered Agent		
1	Name The Prentice Hall Corporation System Inc.					
1	Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street					
1	Suite, Apt. #, Etc. 105					
	City Tallahassee			State Zip Code 32301		
8. I, being	d appointed the registered agent of the	the above named corporation	n. am familiar with and acc	cept the obligations of section 607.0505 or 617.05	503, F.S.	
Signature of Registered	of Sunday	REGISTERED AGENT	R	· ·	16.04	
9. Names	s and Street Addresses of Each Offic	cer and/or Director (Florida r	nonprofit corporations mus	it list at least 3 directors)		
Titles	Name of Officers and/or Dire	irectors	Street Address Officer and/or			

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert_J. Iacullo	200 Old Hook Rd.	Harrington Park, NJ
VΡ	Robert A. Gerber	200 Old Hook Rd.	Harrington Park, NJ
T	Edward J. Imparato	200 Old Hook Rd.	Harrington Park, NJ
s	Carla E. Hjelm	200 Old Hook Rd.	Harrington Park, NJ
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10. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-04

Daytime Phone #

CR2E081 (01/04)