PLEASE BEAD	ALL INS	TRUCTIONS BEFOR	RE COMPLE	TING THIS FORM
APPLICATION FOR REINSTATEMENT	FLORIE	DA DEPÅRTMENT OF S' Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		TING THIS PONIVI.
DOCUMENT # 3/6567 1. Corporation Name				FILED
Geopure Systems & Services, Inc.				97 NOV 10 PH 2: 30
Principal Place of Business 2300 N.W. 71st Place 40-004 Cook St. Gaines Ville, FL 32653 Palm Desert, CA 922/13			A	SECRETARY OF STATE TALLAHASSEE, PLORIDA
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 Malling Office Address, If Applicable				MYSTATION AND A STATE OF THE ST
Suite, Apt. #, etc. Suite, Apt. #		, ctc.		porated or Qualified iness in Florida 05 09 67
City & State	Cily & State			Applied For Not Applicable
Zip Country	Zip	Country	— 6. CERTIFICAT	Second Status Desired Second S
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	or Director (Flo	Street Address o	f Each	City / State / Zip
DIP Nicholas C. Memmo		3 (Do NOT Use Post Office Box Numbers) 40-004 Cook St.		Palm Desert, CA 92211
VP, James W. Dierker		40-004 COOKS1.		Palm Desert, CA92211
CFO Kevin L. Spence		40-804 COOK St.		Palm Desert, CA 92311
DIVPI DAMIAN C. GEORGINO		40-004 COOK St.		Palm Desert, CA 92211
VP, Michael E. Hulme, Jr.		40-004 COOKSt.		Palm Desert, CA 9221
AS Amy 6. Gossin		40-004 Cook St.		Palm Desert, CA 92211
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				
CT Corporation System 1200 South Pine Island Rd. Street Address (P.O. Box Number is Not Acceptable) Plantation, FL 33324 Suite, Apt. #, Etc1/1/2/9701/084008 State 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 Assistant Secretary Date 11-07-97 REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 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 on this application 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 it made under oath.				
SIGNATURE: SIGNATURE AND TYPED OR PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR LEVIN L. Spence, Vice President Daylime Phone #				