

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:26

DOCUMENT # **467127**

1. Corporation Name

HAMMERHEAD WATER SYSTEMS, INC.

900003290989--8
-06/15/00--01057--002
****900.00 ****900.00

REINSTATEMENT 99-00

2. Principal Office Address

9280 S.W. 106 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176-3614

Country

3. Mailing Office Address

9280 S.W. 106 ST

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33176-3614

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/06/1975

5. FEI Number

59-1570409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOHN D. RIEGE

Street Address (P.O. Box Number is Not Acceptable)

9280 S.W. 106 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176-3614

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John D. Riege

REGISTERED AGENT MUST SIGN

Date **22 MAY 2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	JOHN D. RIEGE	9280 S.W. 106 ST.	MIAMI, FL. 33176-3614

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 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:

John D. Riege

JOHN D. RIEGE

22 MAY 2000

Date

Daytime Phone #

**(305)
596-6396**