


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED JUN 30 PM 2:29 DIVISION OF STATE FILM & PHOTO, FLORIDA 200002808092 - 2 -05/07/99- 011320003 *****00.00 98.99 10.00 <b>REINSTATEMENT</b>	
<b>DOCUMENT #</b> 507092					
<b>1. Corporation Name</b> Continental Water Conditioning of Jacksonville, Inc.					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2 New Principal Office Address, If Applicable</b> 1190 St. Johns Ind. Pkwy Suite, Apt. #, etc.		<b>3 New Mailing Address, If Applicable</b> 40-004 Cook St Suite, Apt. #, etc.		<b>4 Date Incorporated or Qualified To Do Business in Florida</b>	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Palm Desert, CA		<b>5 FEI Number</b> 59-1688314	
<b>Zip</b> 32216		<b>Country</b> USA		<b>6</b>	
<b>CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director.</b> (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D,VP,S	Stephen P. Stanczak	40-004 Cook St.	Palm Desert, CA 92211		
D,P	Andrew Seidel				
D,VP	Kevin L. Spence	40-004 Cook St.,	Palm Desert, CA 92211		
AS	Amy G. Gossin				
VP,C,T	James W. Dierker	40-004 Cook St.	Palm Desert, CA 92211		
AT	Lisabeth W. Huddleston	10 Technology Dr.	Lowell, MA 01851		
<b>8. Name and Address of Current Registered Agent</b>			<b>8. Name and Address of New Registered Agent</b>		
			Name CT Corporation System		
			Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.		
			Suite, Apt. #, Etc.		
			City Plantation		
			State FL		
			Zip Code 33324		
<b>10</b> 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		Francis P. Regan Assistant Secretary		Date 4-29-99	
REGISTERED AGENT MUST SIGN					
<b>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>12</b> I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
<b>SIGNATURE:</b>		Amy Gossin		ASST. Sec-y 4/26/99 414-521-8504	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (12/95)