	PLEASE READ	ALLINST	FRUCTION	NS REFORE (OMPLET	ING THIS FOI	RM		
API	PLICATION FOR	FLORID		MENT OF STATE Mortham	7				
REIN	STATEMENT	IVISION OF COR							
DOCUMENT # 531567 1. Corporation Name					98 JUN 25 PM 3: 00				
FOOD AND WATER UNLIMITED, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
04-4-10	:	11-98- 11-11		<u></u>		TALLAHASSI	E. FLORIDA		
3140	Seasons Way, #504 o, FL 33928	Mailing Addi 3140 S Estero	Seasons	₩ay, # 504 3928				7-	
If above a	_ addres se s are incorrect in any way, line thr	ough incorrect i	nformation and er	nter correction below.	REINS	TATEME	NT96-98		
600 G	ncipal Chice Address Ji Applicable OODLette Rd., N.		3. New Mailing Office Address If Applicable Good Lette Rd., N. Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 4/14/1977			
#104 City & State	3	#104 City & State			.5. FEI Number Applied For 59-1879585 Not Applicable				
<u>Naples</u> 34102	c, Florida Country USA	Naples		untry SA	6.	E OF STATUS DESIRED	\$8.75 Additional Fee re	equire	
	and Street Addresses of Each Officer and/	1			ast 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director T Use Post Office Box N		Cit	ly / State / Zip		
P	Michael Festa	3140 Seasons Way, #504			Estero, Fl	orida 33928			
/VP/S/T Helen Watson			600 Goodlette Rd., N,		#104	#104 Naples, Florida 34102			
								14. 1000000000	
					70	700002578057 -07/01/9801086021 ***1050.00 ***1050,00			
<u>.,_</u>								r 6)	
Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agen				
dichael Festa 3140 Seasons Way, #504				Name Helen Watson Street Address /P.O. Box Number is Not Acceptable) 600 Goodlette Road, N.,					
Estero, Florida 33928				Suite, Apt. #, Etc. #104					
·				Naples,	Naples, State FL 34102				
io. I, being Signature of Registered	Agent_ Agent_ A	atour	oration, am familia MENT MUST SIGN	,,,,,	oligations of Section	on 607.0505, F.S. Date	3/98		
	is co rporation owes or ha angible Personal Propert		∕ear Yes □	No See other side for information on intangible tax.)					
this reins owed by	that I am an officer or director or the receivistatement application, the reason for disso the corporation have been paid and the in pplication is true and accurate, and my sig	lution has been ames of individe	eliminated, the co uals listed on this	orporate name satisfies to form do not qualify for a	the requirements an exemption und	of section 607.0401 or 6	17.0401, F.S., that all fee	s	

SIGNATURE: Luciu Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytimo Phono