PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION  FOR  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State	FILED
REINSTATEMENT DIVISION OF CORPORATIONS	99 NAR 19 PH12: 25
DOCUMENT # 84022 )  1. Corporation Name	
Plymouth Products, Inc.	SECRETARY OF <b>STATE</b> TALLAHASSEE, F <b>LORIDA</b>
, ,	
Principal Place of Business One Culligan PKWY	
Northbrook, IL 60062	0099
7007 (1107000)	REINSTATEMENT 8 as
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 Mailing Office Address, If Applicable [3. New Mailing Office Address are necessarily as the principal Office Address are necessarily as the principal Office Address are necessarily as the principal Office Address.	Date Incorporated or Qualified
Suite, Apt #, etc.   One Culligan Pkwy	To Do Business in Florida 3/16/78
City & State	5 FETNumber Applied For Not Applied For Not Applied For
Northbrook, IL Northbrook, IL  200012 Country 60062	6 CEHTIFICATE OF STATUS DESIRED ( 58.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	
Title(s) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director 1 2 3 (Do NOT Use Post Office Box N	City / State / Zip
7,40	PKWY Northbrook, IL 60062
	PKWY Northbrook, IL :0062
	PKWY Northbrook, IL 6000=
AS Amy 6. 60ssin 40004 Cook S	1. Palm Desert, CA 9201
VP Kevin L. Spence 40004 Cook S	
AT William F. White One Culligan Pkwy Northbrook, IL 60062	
CT Corporation System Name	
CT Corporation System  1200 South Pine Island Street Address (F	O Box Nulmber - Not Acceptable)
	1 0000003/613 4 7811 - 5 - 8 - 8 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9
Plintation, FL 33324	**************************************
10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607,0505, F.S.  Francis P. Regan	
Registered Agent Agent Agent Must sign	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 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 JOSSIN ASST. Secreta	3/16/99 414-521 Paytime Phone 1 8504