

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

99 MAR 19 PM 12:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 840221

1. Corporation Name  
 Plymouth Products, Inc.

Principal Place of Business Mailing Address  
 One Culligan Pkwy  
 Northbrook, IL 60062

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

2. New Principal Office Address, If Applicable  
 One Culligan Pkwy  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
 One Culligan Pkwy  
 Suite, Apt. #, etc.

City & State Zip Country  
 Northbrook, IL 60062

City & State Zip Country  
 Northbrook, IL 60062

**REINSTATEMENT 98-99**

4. Date Incorporated or Qualified To Do Business in Florida 3/16/78

5. FEI Number 13-4923320 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 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 least 3 directors)

1	2	3	4
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, T	Ross M. Campbell	One Culligan Pkwy	Northbrook, IL 60062
D,P	Calvin R. Hendrix	One Culligan Pkwy	Northbrook, IL 60062
D,S,VP	Michael E. Hulme, Jr.	One Culligan Pkwy	Northbrook, IL 60062
AS	Amy G. Gossin	40004 Cook St.	Palm Desert, CA 92211
VP	Kevin L. Spence	40004 Cook St.	Palm Desert, CA 92211
AT	William F. White	One Culligan Pkwy	Northbrook, IL 60062

8. Name and Address of Current Registered Agent

CT Corporation System  
 1200 South Pine Island Rd.  
 Plantation, FL 33324

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number Not Acceptable)  
 Suite, Apt. #, Etc.  
 1000002911 42911-5  
 03/23/99 --01024 --009  
 \*\*\*300,000 \*\*\*300,000  
 FL

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 *Francis P. Regan* Francis P. Regan Assistant Secretary REGISTERED AGENT MUST SIGN Date 3-18-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  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: *Amy Gossin* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Amy G. Gossin, Asst. Secretary Date 3/16/99 Daytime Phone # 414-521 8504

CPRE001 (12-98)