

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 15 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004430

1. Corporation Name

WATER FILTRATION CONSULTING, INC.

REINSTATEMENT

CR2E081 (12/05) 0506

2. Principal Office Address
2197 CANTON ROAD

3. Mailing Office Address
200 ROPE MILL PKWY

Suite, Apt. #, etc.
SUITE 210

Suite, Apt. #, etc.
SUITE 2

City & State
MARIETTA, GA

City & State
WOODSTOCK, GA

4. Date Incorporated or Qualified
To Do Business in Florida MARCH 18, 2004

5. FEI Number
200996031

Applied For
Not Applicable

Zip
30066

Country
USA

Zip
30188

Country
USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JAY KOERNER

12313 ASTER AVE.

Suite, Apt. #, Etc.

City
BRADENTON

State
FL

Zip Code
34212

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

REGISTERED AGENT MUST SIGN

Date

12/15/2006

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
Pres	JAY KOERNER	5505 EASTWIND DRIVE	SARASOTA, FL 34233
		12313 ASTER AVE	BRADENTON, FL 34212

800082648818
12/19/06--01055--019 **900.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/2006

941-321-8069