PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 MAY -6 AM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # F07000002161

1. Corporation Name
H2O INNOVATION USA, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3227 Old Burnt Store Road		330, rue St-Vallier Est	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
---		340	
City & State		City & State	
Cape Coral, FL		Québec, Québec	
Zip	Country	Zip	Country
33993-7915	USA	G1K 9C5	Canada

4. Date Incorporated or Qualified To Do Business In Florida
07-01-2010

5. FEI Number
205584930

Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

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 Michael Malkowski Vice President Date 5/1/13
REGISTERED AGENT MUST SIGN

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
P/D	Frédéric DUGRÉ	330, rue St-Vallier Est, Suite 340	Québec, Québec, G1K 9C5, Canada
V/D	Marc BLANCHET	330, rue St-Vallier Est, Suite 340	Québec, Québec, G1K 9C5, Canada
V	Josée RIVERIN	330, rue St-Vallier Est, Suite 340	Québec, Québec, G1K 9C5, Canada
V	Guillaume CLAIRET	330, rue St-Vallier Est, Suite 340	Québec, Québec, G1K 9C5, Canada
	REINSTATEMENT 2011 - 2013		S. HAWKES MAY 06 2013 EXAMINER

10. E-mail Address: edith.allain@h2oinnovation.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Marc BLANCHET 04-15-2013 418-688-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
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S. HAWKES
MAY 06 2013
EXAMINER

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