

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 JUL 27 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94 000001459

1. Corporation Name

Vermont Pure Springs, Incorporated

2. Principal Office Address

Route 666

3. Mailing Office Address

PO Box C

Suite, Apt. #, etc.

Catamount Commercial Park

Suite, Apt. #, etc.

City & State

Randolph VT

City & State

Zip

056060

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

3/23/94

5. FEI Number

030-0330521

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 S. Pine Island Rd.

Suite, Apt. #, Etc.

700004527567-7

-08/09/01--01074--013

\*\*\*1200.00 \*\*\*1200.00

City

Plantation

State

FL

Zip Code

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

Connie Bryan

Date

7/27/01

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
Pres.	Timothy G Fallon	70 W. Red Oak Lane	White Plains, NY 10604
Dir	Peter K Baker	1050 Buckingham St	Watertown CT 06795
Sec.	Bruce S MacDonald	Route 66 Catamount Comm. Park	Randolph VT 05600

**REINSTATEMENT**

98-01

18

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 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:

Bruce S MacDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

802-728-3600

Daytime Phone #

CR2E081 (9/00)