

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 17 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

200028919742
02/17/04--01025--024 **577.50

200028919742
02/17/04--01025--023 **322.50

4. Date Incorporated or Qualified
To Do Business in Florida 1989

5. FEI Number 59-2940937
Applied For
Not Applicable

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

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K78531

1. Corporation Name

EAGLE SPRING FILTRATION, INC.

2. Principal Office Address

1050 N. BEACH STREET

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

Zip

32117

Country

USA

3. Mailing Office Address

P. O. BOX 250299

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

Zip

32125

Country

USA

7. Name and Address of Current Registered Agent

Name

ROBERT RIGGIO P.A.

Street Address (P.O. Box Number is Not Acceptable)

400 SOUTH PALMETTO AVENUE

Suite, Apt. #, Etc.

City

DAYTONA BEACH

State
FL

Zip Code
32117

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

Date

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
D	LEVINSON, FRED	20-16 130TH STREET	COLLEGE POINT, NY 11356
D	SANTORO, FRANK	20-16 130TH STREET	COLLEGE POINT, NY 11356
P	DANN, STEPHEN	312 S. BRIGHTON	PORT ORANGE, FL 32127
S	SCHUHMACHER, ROSE	221 PUTNAM AVENUE	ORMOND BEACH, FL 32174

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/04

Date

(386) 239-7620

Daytime Phone #

CR2E081 (10/02)