

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 22 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15520

1. Corporation Name

PURE H2O BIO-TECHNOLOGIES, INC.

Principal Place of Business

3100 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 33426

Mailing Address

3100 SOUTH CONGRESS AVENUE
BOYNTON BEACH FL 33426

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1989

5. FEI Number

65-0146714

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DOXEY, JOSEPH P	3100 SOUTH CONGRESS AVENUE	BOYNTON BEACH FL 33426
D	MAZZIOTTI, LOUIS J.	248 THREE ISLANDS BLVD. #307	HALLANDALE FL 33009
D	MAZZIOTTI, JOSEPH A.	1019 ANCHORAGE WOOD CIRCEL	LOUISVILLE KY 40223
VD	JONES, C.E. BRUCE W. KEIHNER	1420 N SWINTON AVE 3100 SOUTH CONGRESS AVE	DELRAY BEACH FL 33444 BOYNTON BEACH FL 33426
			400004064194--2 -04/24/01--01075--024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DOXEY, JOSEPH P.
3100 S. CONGRESS AVENUE
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Joseph P. Doxey
REGISTERED AGENT MUST SIGN

Date 2/27/01

11. 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 W. KEIHNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/01

Daytime Phone #

561 737-8141

CR2E040 (8/00)