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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL FILED

01 AUG -3 AM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # P00000056446

1. Corporation Name
FOUNTAIN OF YOUTH WATER FILTERS

2. Principal Office Address 3229 N. STATE RD 7

3. Mailing Office Address 3229 N. STATE RD 7

Suite, Apt. #, etc.

City & State
MARGATE FL.

Zip 33063 **Country** BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 6/2/2000

5. FEI Number 65-1047087

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$3.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name LOUIS CALABRESE **ID#** 10000454051

Street Address (P.O. Box Number is Not Acceptable) 4250 GALT OCEAN DR. **Exp. Date** 08/17/01

Suite, Apt. #, Etc. 1A **Fee** 150.00

City FT. LAUDERDALE **State** FL **Zip Code** 33308

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 [Signature] **Date** 7/31/01

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
<u>P</u>	<u>LOUIS CALABRESE</u>	<u>4250 GALT OCEAN DR.</u>	<u>FT. LAUD., FL. 33308</u>

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] **LOUIS CALABRESE** **Date** 7/31/01 **Daytime Phone #** 954 977 0180

CR23291 (8/00)

Fountain Of Youth
Water Filters

3229 N. State Road 7
Margate, FL 33063
954-977-0180

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TO WHOM IT MAY CONCERN,

SINCE I NEVER RECEIVED AN ANNUAL REPORT,
BECAUSE IT WAS NOT FORWARDED TO MY NEW ADDRESS,
I CALLED YOUR OFFICE AND WAS INSTRUCTED TO SEND
A REINSTATEMENT FORM AND A CHECK FOR \$150.00.

~~ENCLOSE FIND SAME~~

SINCERELY YOURS

Sean Colburn