

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 25 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000061849

1. Corporation Name

Hopkins Wholesale Water Treatment and
Installation, Inc.

700005282667--7

-04/16/02--01059--005

****300.00 ****300.00

2. Principal Office Address

1630 N. Hercules Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip

33765

Country

Zip

Country

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

6/22/00

5. FEI Number

59364 9597

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

Christopher M. Hopkins

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

1630 N. Hercules Avenue, Suite E

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code
33765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/25/02

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	Christopher M. Hopkins	429 - 2nd Avenue	Dunedin, FL 34698

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)