

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -9 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063593

1. Corporation Name

H2O UTILITY PARTNERS, INC.

REINSTATEMENT 02-09

500149332905
04/09/09--01041--018 **1200.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
4939 CROSS BAYOU BLVD

3. Mailing Office Address
4939 CROSS BAYOU BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY FL

City & State
NEW PORT RICHEY FL

Zip
34652

Country
USA

Zip
34652

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/25/2001

5. FEI Number

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
GARY A DEREMER

Street Address (P.O. Box Number is Not Acceptable)
4939 CROSS BAYOU BLVD

Suite, Apt. #, Etc.

City
NEW PORT RICHEY FL

State
FL

Zip Code
34625

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/7/09

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
PSTD	GARY A DEREMER	4939 CROSS BAYOU BLVD	NEW PORT RICHEY FL 34652

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 contained in Chapter 119, 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

Date

4/7/09

Daytime Phone #

727-888-8192

4/10