

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000108341

1. Corporation Name

WATER SYSTEMS, INC.

Principal Place of Business

Mailing Address

17150 SCOUT CAMP ROAD
ALVA FL 33920

17150 SCOUT CAMP ROAD
ALVA FL 33920

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

5740 ZIP DR.

5740 ZIP DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS R/LA

FT MYERS R/LA

Zip

Country

Zip

Country

33905 Lec

33905 Lec

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2002

5. FEI Number

04-3715999

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
DPST	KOHLMEIER, ROBERT J II	17150 SCOUT CAMP ROAD	ALVA FL 33920

000033101410

04/19/04--01080--006 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

Name

~~ROBERT J. KOHLMEIER~~ ROBERT J. KOHLMEIER

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

17150 SCOUT CAMP RD 5740 ZIP DR.

Suite, Apt. #, Etc.

City

State

Zip Code

FT MYERS R/LA

FL

33920

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. or 617.0505, F.S.

33905

Signature of
Registered Agent

Robert J. Kohlmeier

REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Robert J. Kohlmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03 239/872-5955

Date Daytime Phone #