

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 20 AM 10:04

STATE OF FLORIDA

DOCUMENT # P02000113351

1. Corporation Name

CELEBRITY WATER CORPORATION

2. Principal Office Address

123 E TARPON AVE

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

Zip

34689

Country

USA

3. Mailing Office Address

123 E TARPON AVE

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

Zip

34689

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/02

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

JAMES M DREHER

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

123 E TARPON AVE

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

Date 09/20/05

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
President Secretary	JAMES M DREHER	123 E TARPON AVE	TARPON SPRINGS FL 34689

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/05

Date

Daytime Phone #