

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 8:24

DOCUMENT # P02000132363

1. Corporation Name

Certified Water, Inc.

REINSTATEMENT 03-05

2. Principal Office Address

1810 S. Parsons Ave

3. Mailing Office Address

P.O. Box 340

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Brandon, FL

Zip

33584

Country

USA

Zip

33509

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

12/12/02

5. CCI Number

27-0039063

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

Joseph P. Liistro, CEO

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

8601 Tatum Rd.

Suite, Apt. #, Etc.

City

Plant City, FL 33567

State

FL

Zip Code

33567

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

Joseph P. Liistro
REGISTERED AGENT MUST SIGN

Date

1-5-05

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
CEO	Joseph P. Liistro	8601 Tatum Rd.	Plant City, FL 33567

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:

Joseph P. Liistro

Joseph P. Liistro

1/5/05

Date

(83) 598-5456

Daytime Phone #

CR2E081 (01/04)