

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000090882

1. Corporation Name

FREE AND CLEAR H2O INNOVATION IN WATER, Inc

2. Principal Office Address - No P.O. Box #

5156 NW 121 DR

Suite, Apt. #, etc.

3. Mailing Office Address

5156 NW 121 DR

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33076

Country

BROWARD

Zip

33076

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

J MCGONIGLE

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

7027 W BROWARD BLVD

Suite, Apt. #, Etc.

280

City

PLANTATION

State

FL

Zip Code

33317

4. Date Incorporated or Qualified

To Do Business in Florida 8/19/2003

5. FEI Number

20-0163577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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 10-23-08

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/D	DAVID HALL	5156 NW 121 DR	CORAL SPRINGS FL 33076

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

10-23-08

Date

Daytime Phone #