

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000079534

1. Entity Name
XTREAM H20 INC.



FILED

06 JUL 17 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7378 WEST ATLANTIC BLVD #328
MARGATE, FL 33063

Mailing Address
7378 WEST ATLANTIC BLVD #328
MARGATE, FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



07122006

REIN-P

CR2E098 (11/05)

05-06

4. FEI Number

41-2139267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
WILLIAMS, ALDOUPHUS
7378 WEST ATLANTIC BLVD #328
MARGATE, FL 33063

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
WILLIAMS, CLARENCE
7378 WEST ATLANTIC BLVD #328
MARGATE, FL 33063

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
WILLIAMS, MURIEL
7378 WEST ATLANTIC BLVD #328
MARGATE, FL 33063

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

✓ Matthew Williams
7378 West Atlantic Blvd # 328
Margate Fla, 33068

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000077788300
07/20/06--01058--009 **300.00

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TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AL Williams-Pre.

7/13/2006

954-461-3398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #