

282

Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT
H2O 911, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

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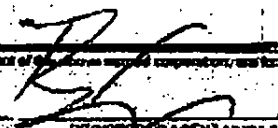
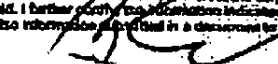
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CORPORATION REINSTATEMENT 2013		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P06000011597																															
1. Corporation Name H2O 911, INC.																															
2. Principal Office Address - No P.O. Box # 409 Cypress Way E State, Apt. #, etc.		3. Mailing Office Address same State, Apt. #, etc.																													
City & State Naples, FL		City & State																													
Zip 34110	Country USA	Zip	Country																												
4. Date Incorporated or Qualified To Do Business in Florida 01/23/2006		5. FEI Number 20-4156829																													
6. CERTIFICATE OF STATUS DESIRED		Applied For Not Applicable																													
7. Name and Address of Current Registered Agent Name Benjamin Corace Street Address (P.O. Box Number is Not Applicable) 409 Cypress Way E State, Apt. #, etc. City Naples																															
8. I, being appointed the registered agent of the above named corporation, accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent  Date November 1, 2013 REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D/P</td> <td>Benjamin Corace</td> <td>409 Cypress Way E</td> <td>Naples, FL 34110</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D/P	Benjamin Corace	409 Cypress Way E	Naples, FL 34110																				
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D/P	Benjamin Corace	409 Cypress Way E	Naples, FL 34110																												
10. E-mail Address: sam.watson@kattenlaw.com																															
11. I certify that I am an officer or director of the corporation and have expressed to the Secretary of State the application for reinstatement as provided for in chapter 607 or 617, F.S. I further certify that the reinstatement application, the reasons for dissolution have been withdrawn, the corporate taxes satisfy the requirements of section 607.0605 or 617.0503, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information is a crime and that in a document to the Department of State constitutes a third degree felony as indicated for in s.817.185, F.S. SIGNATURE: 																															
Benjamin Corace, President																															

K. ASHTON