Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000244573 3)))

H13000244573ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RECEIVED
13 NOV -4 PM 3:19
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

H2O 911, INC.

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

Electronic Filing Menu Corporate Filing Menu Help

1952

FILED
NOV 04 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 2013

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P06000011597

1. Corporation Name

H2O 911, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
409 Cypress Way E	same
Suite, Apt. #, etc.	Suite, 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 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Benjamin Corace

Street Address (P.O. Box Number is Not Acceptable): 409 Cypress Way E

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34110

8. I being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 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)

Title	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

10. E-mail Address: sara.watson@kattenlaw.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Further certify that the reinstatement application, the reason for dissolution, if any, have been withdrawn, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 11/1/13 239-572-4280

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #

Benjamin Corace, President

K. ASHTON