

2007 FOR PROFIT CORPORATION REINSTATEMENT



FILED

07 OCT 18 AM 9: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000150648

1. Entity Name
PURE WATER SYSTEMS INC.

Principal Place of Business
3685 SOUTH FITCH AVE
INVERNESS, FL 34452 US

Mailing Address
3685 SOUTH FITCH AVE
INVERNESS, FL 34452 US

2. Principal Place of Business - No P.O. Box #
3685 S. Fitch Ave
Suite, Apt. #, etc.

3. Mailing Address
3685 S. Fitch Ave
Suite, Apt. #, etc.



City & State
INVERNESS FL
Zip 34452 Country USA

City & State
INVERNESS FL
Zip 34452 Country USA

4. FEI Number
11-3796666

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, PETER
3685 SOUTH FITCH AVE
INVERNESS, FL 34452

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 \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P/D ☒ Delete
NAME COLLINS, ANTOINETTE
STREET ADDRESS 3685 SOUTH FITCH AVE
CITY-ST-ZIP INVERNESS, FL 34452

TITLE S ☒ Delete
NAME COLLINS, ANTOINETTE
STREET ADDRESS 3685 SOUTH FITCH AVE
CITY-ST-ZIP INVERNESS, FL 34452

TITLE VP/D ☐ Delete
NAME COLLINS, PETER
STREET ADDRESS 3685 SOUTH FITCH AVE
CITY-ST-ZIP INVERNESS, FL 34452

TITLE T/D ☐ Delete
NAME RIVERA, MARY
STREET ADDRESS 6342 E GURLY ST
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300110971663
10/18/07--01055--013 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
\$710/22

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 16th 2007

To whom it may concern,

CAN you please wave the late fees

because we didn't receive any prior notices

thank you Peter Collins Doc #

PO6000156648