

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

DOCUMENT # P32998

00 JAN 11 AM 8:52

1. Corporation Name
 Clean Water Action Project, Inc.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 4455 Connecticut Ave, NW 4455 Connecticut Ave, NW
 Suite A300 Suite A300
 Washington DC 20008 Washington DC 20008

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/28/1991	
City & State		City & State		5. FEI Number	
				23-7128611	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
P	David Zwick	4455 Connecticut Ave, NW Suite A300	Washington DC 20008
S	Kathleen Aterno	4455 Connecticut Ave, NW Suite A300	Washington DC 20008
D	William Fontenot	632 Drehr	Baton Rouge, LA 70806
T	Michael Gravitz	9103 Woodland Drive	Silver Spring, MD 20901
D	Peter Lookwood	One Thomas Circle, NW	Washington, DC 20005
D	Bill Redding	214 N. Henry St #200	Madison, WI 53703

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Juan Perez 15330 Southwest 155th Court Miami, FL 48138		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent _____ Date 12/3/91
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607.0517, 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 under section 119.07(3)(i), 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: KATHLEEN E. ATERNO 01/12/92 792-8548
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 98-00

CR2E03 (12/98)