2001	"UNIFUKM B	UDINEDD REPU	JII. (V D ,	# 14° \$1'''t			
DOCU	MENT # P9300	0001089		FUEL	*		
1. Entity Nam	ne . 1 / 300	01 SEP -5 A	01 SEP -5 AM 8: 20				
Reclai	med Water Manag	gement Systems, Inc) .				
Principal Plac	e of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE FLOODS			
3404 Latania Dr. Apt. 314 P.O. Box 270938			· ?		•		
Tampa, Florida 33617-4749		Tampa, Florida 3		, ,			
rumpu, r	101144 55017 1715	rampa, riorida					
. Principal P	Place of Business	3. Mailing Address			•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO N	DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State .		4. FEI Number			
Zip	Country	Zip	Country	169-3/225/3 I			
				5. Certificate of Status De	Fee Required		
	6. Name and Address of C	Current Registered Agent	Name	7. Name and Address o	New Registered Agent		
Hewle	tt, Robert F.			ress (P.O. Box Number is Not Acc	eotable)		
3404 La	atania Drive Apt.	314					
Tampa, Florida 33688-4749			City	· ·	□ 1 Zip Code		
rannpa,	I IOIIGG 55000 T/T/				FL \ Zip Com		
B. The above	e named entity submits this state	ement for the purpose of changing i		egistered agent, or both, in the Sta	te of Florida.		
8. The above	e named entity submits this state			•	te of Florida.		
SIGNATURE 9. This corporate filing is	•	ered egent and bits if applicable	ts registered office or re	negured when reinstating) 10. Election Camp Trust Fund Col	DATE aign Financing \$5.0		
9. This corporate (See criter	Sgneture, typed or printed name of registroration is eligible to satisfy its In requirement and elects to do so ria on back)	ered egent and bits if applicable	Is registered office or re DIE Registered Agent signature VIII FEE IS \$150.00 2001 Fee will be \$556	nguired when reinstating) 10. Election Camp Trust Fund Configuration	aign Financing \$5.0		
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT		DEPARTMENT OF STATE Katherine Harris Secretary of State SION OF CORPORATIONS				.i
	JMENT# ρ 930	(2000)	1089				•
1. Corporat	tion Name		•				
Rec	laimed Water Managen	nent Co.,	Inc.	/			
•							
2. Principal	I Office Address	3. Mailing C	ffice Address			,	
3404	Latania Drive	P.O. Be	P.O. Box 270938				
Suite, Apt. #	etc.		Suite, Apt. #, etc.				
Apt 314				4. Date Incorporated or Qualified To Do Business in Florida 01-07-93			;
Çity & State Tamı	pa, Florida	City & State Tampa, Florida		5. FEI Number 59-37225	<u> </u>	01-07-73	Applied Fo
Zip	Country		Country	59-37225	/3 		Not Applica
33618	1	^{Zip} 33688	United States	6. CERTIFICATE	OF STAT	JS DESIRED 58.75 Ad	ditional Fee rec ertificate of Sta
		7. 1	lame and Address of Current Registe	red Agent			
e managere.	Name Robert F. Hewlett				-	الهند وحداد	
-	Street Address (P.O. Box Number is N	ot Acceptable)					
	Suite, Apt. #, Etc. Apt. 314						
	City Tampa			`. <mark>** . ·</mark>	State FL	Zip Code 33618	
8. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar with and eccept the	obligations of section	on 607.05	05 or 617.0503, F.S.	i
Signature of Registered					Date		• .
registered /		GISTERED AG	ENT MUST SIGN		Date		·
9. Names	and Street Addresses of Each Officer and	Vor Director (Flo	orida nonprofit corporations must list at t	east 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		- City / State / Zip		
P	Robet F. Hewlett		3404 Latania Drive		Tampa, Florida 33618		
s	Joan F. Hewlett	3404 Latania Drive		Tampa, Florida 33618			
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10. 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 or 617, 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 feet 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 indication this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 16, 2001

RECLAIMED WATER MANAGEMENT COMPANY, INC. 3404 LATANIA DR APT 314 TAMPA, FL 33618-4749

SUBJECT: RECLAIMED WATER MANAGEMENT COMPANY, INC. Ref. Number: P93000001089

We have received your document for RECLAIMED WATER MANAGEMENT COMPANY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams Document Specialist

Letter Number: 101A00038013

ROBERT F. HEWLETT
JOAN HEWLETT
P.O. BOX 27082
TAMPA, FL 33688

Pay to the order of Date STRTE SL SO. DO
Bank of America

Bank of America

ACH RVI 083100277

FOR STREET SL SO. DO
Bank of America Advantage

1:063 1:00 2771: 00 2710 18 14 3710 06 28