

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 MAY 17 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000 009273**

1. Corporation Name

ENVIRONMENTAL WATER PAPER FILING INC

2. Principal Office Address

1923 N. WICKHAM

Suite, Apt. #, etc.

1113

City & State

MELBOURNE

Zip

32935

Country

USA

3. Mailing Office Address

SUITE

Suite, Apt. #, etc.

City & State

FL

Zip

Country

REINSTATEMENT

9500

**4. Date Incorporated or Qualified
To Do Business in Florida**

1984

5. FEI Number

59-3223039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BOB L. GOREZ

Street Address (P.O. Box Number is Not Acceptable)

1923 N. WICKHAM RD

Suite, Apt. #, Etc.

1113

City

MELBOURNE

State

FL

Zip Code

32935

300003273339-7

-06/01/00-01049-023

*****1508.75 ***1508.75**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

5/17/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BOB L. GOREZ	1800 KNOX MCRAE	TITUSVILLE FL 32780
V			

LS

[Signature]

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00

Date

321-7337132

Daytime Phone #