

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 AM 10:52

DOCUMENT # **P94000081787**

1. Corporation Name

Agua Rock Water, Inc.

2. Principal Office Address

2461 Derbyshire Rd.

Suite, Apt. #, etc.

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 95-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/1994

5. FEI Number

59-3285751

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

Harriet Wills

000003342550-5

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

1112 NW 45th Terrace

08/01/00 01048 013

*****1500.00 ***1500.00**

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

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

Harriet Wills

Date **5-31-2000**

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
P	Jennifer Wills	Same - 2461 Derbyshire Rd.	
S	Jeff Wills	Same - 2461 Derbyshire Rd.	
			LS

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:

Jennifer Wills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00
Date

407-339-8913
Daytime Phone #

CR2E081 (9/99)