PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -5 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003240

1. Corporation Name: MIDWEST WATER TECHNOLOGIES, INC.
11820 NW 37 STREET
CORAL SPRINGS, FL 33065

800002552568--6
-06/09/98--01048--023
****908.75 ****908.75

Principal Place of Business: 4822 PROJECTS DRIVE
FT. WAYNE, IN
46825

Mailing Address: (SAME AS ABOVE)

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

2. New Principal Office Address, If Applicable: N/A
Suite Apt. # etc
City & State
Zip / Country

3. New Mailing Office Address, If Applicable: N/A
Suite Apt. #, etc
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: JANUARY 12, 1995

5. FEI Number: 65-0552882 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P,T,D	WILLIAM K. MACKEY	11820 NW 37 STREET	CORAL SPRINGS, FL 33065
S,D	GEORGE J. OVERMEYER	11820 NW 37 STREET	CORAL SPRINGS, FL 33065

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SL 6-5-98

8. Name and Address of Current Registered Agent:
WILLIAM K. MACKEY
11820 NW 37 STREET
CORAL SPRINGS, FL 33065

9. Name and Address of New Registered Agent:
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt # Etc
City — State: FL — Zip Code

CR2E040 (12/96)

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: WILLIAM K. MACKEY — Date: 6/3/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(See other side for information on intangible tax.)

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 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: WILLIAM K. MACKEY — 6/3/98 — (954) 796-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #