PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS CALL

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🦈 Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 21 PH 12: 52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P95000066990

1. Corporation Name

AMERICAN WATER TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

4652 GASLIGHT AVE. HOLIDAY FL 54690

4652 GASLIGHT AVE. HOUDAY FL 34660

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 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

Date Incorporated or Qualified
 To Do Business in Florida

08/30/1905

5. FEI Number

Applied For

Only a State					با			3-1-223-628 O 1-1-7-600 MOLADDOCOM	
Zip Cou		Country	ountry Zip			Country CERTIFICA		ATE OF STATUS DESIRED	
7. Names	and Street Ad	dresses of	Each Officer and/	or Director (Flo	rida nonprofit	corporations must list at I	east 3 directors)	POST CONTRACTOR OF THE PROPERTY OF THE PROPERT	
Title(s)	Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City/State/Zip	
P	PET	ER	S.MEI	PEXAS	485	2 64561	OMT AV	HOLIDAY TE 34690	
V,P	ANDE	24 3 5	Ecopon	105	4859	2 645 6161	VATE	HOLIDAY .F.L.34690-500	
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							9	000020145794 -11/26/9601112-006	
								*****375.00	
8. Name and Address of Current Registered Agen							9. Name and	Address of New Registered Agent	
						Name			

ECONOMOS, ANDREAS 4852 GASLIGHT AVE. HOLIDAY FL 34690

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

Sulte, Apt. #, Etc.

City

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

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

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 807 or 817, F.S. I further certify that when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507,0401 or 817,0401; F.S. That will fees owned 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)(1) F.S. The information indices on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.

SIGNATURE: