

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1 of 0*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
and *98 AR*
Jeffrey A. Hartham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096957

1. Corporation Name

DOLPHIN WATER TREATMENT, INC

Principal Place of Business

Mailing Address

2766 MARSH WREN CIRCLE
LONGWOOD FL 32779

2766 MARSH WREN CIRCLE
LONGWOOD FL 32779

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

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1995

5. FEI Number

59-3346299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DIPISA, JOE	2766 MARSH WREN CIRCLE	LONGWOOD FL 32779
STD	DIPISA, JANET	2766 MARSH WREN CIRCLE	LONGWOOD FL 32779

200002703882--5
-12/04/98--01111--004
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIPISA, JOE
2766 MARSH WREN CIRCLE
LONGWOOD FL 32779

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-25-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Dipisa President

Date

11-25-98 407-628-6446

Daytime Phone #

CR20040 (9/95)

Dolphin Water Treatment, Inc.

311 Circle Drive
Maitland, Florida 32751

Your Authorized KINETICO Dealer

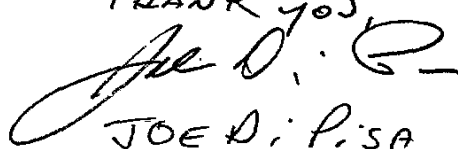
Telephone (407) 628-6446 / (800) 451-3395
Fax (407) 628-8220

11-25-98

TO WHOM IT MAY CONCERN:

I WOULD APPRECIATE IT IF
YOU CAN LOOK TO WAIVE THE PENALTIES
IN THIS MATTER. AS YOU CAN SEE FROM
THE ENCLOSED REPORTS, I SUFFERED FROM
A STROKE; MY WIFE AND SON HAVE BEEN
DOING THEIR BEST TO KEEP OUR BUSINESS
GOING. WHY THIS CORPORATION ANNUAL
REPORT WAS OVERLOOKED I AM NOT SURE.

ANY HELP YOU CAN GIVE US IN THIS
MATTER WOULD BE GREATLY APPRECIATED.

THANK YOU

JOE D. PISA
PRESIDENT

DAY TIME PHONE # 407-628-6446