

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 26 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013558

1. Corporation Name

Three Sisters Springs Water Company

W0100000001139

2. Principal Office Address

712 So. Oregon Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

712 So. Oregon Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

REINSTATEMENT

98-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1996

5. FEI Number

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

Douglas Manson

800003932008 --2

-03/30/01--01088--012

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

712 So. Oregon Avenue

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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]

REGISTERED AGENT MUST SIGN

Date March 26, 2001

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
DP	Harvey Goodman	15105 NW 77th Avenue	Miami, FL 33014

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 2001

Date

305/
827-8600
Daytime Phone #

CR2E081 (9/99)