

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 25 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058944

1. Corporation Name

WATER EXAMINATION TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

1 Progress Blvd.  
Alachua, FL 32615

REINSTATEMENT

97.00

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

2. New Principal Office Address, If Applicable

425 N.W. 91st Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
Gainesville, FL 32607

City & State

Zip Country  
32607 US

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7-11-96

5. FEI Number

59-3391906

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| EST           | DEBBIE M. TAMPLIN                         | 425 N.W. 91st Street   | Gainesville, FL 32607   |
| DP            | MARK L. TAMPLIN                           | 425 N.W. 91st Street   | Gainesville, FL 32607   |
| VP            | JERZY LUKASIK                             | 4641-A N.W. 6th Street   | Gainesville, FL 32609   |
|               |   |  | 100003249471- - 7<br>-05/12/00--01009--010<br>***1200.00 ***1200.00<br>LS |

8. Name and Address of Current Registered Agent

DEBBIE M. TAMPLIN  
1 Progress Blvd.  
Alachua, FL 32615

9. Name and Address of New Registered Agent

Name

MARK L. TAMPLIN

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

425 N.W. 91st Street

Suite, Apt. #, Etc.

City

Gainesville,

State

FL

Zip Code

32607

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

Date 4-24-00

REGISTERED AGENT MUST SIGN

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

352-331-3629

Daytime Phone #

CR20081 (12/98)