

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
02 MAY -1 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058944

1. Corporation Name

WATER EXAMINATION TECHNOLOGY, INC.

2. Principal Office Address  
4641 N.W. 6th Street

3. Mailing Office Address  
4641 N.W. 6th Street

Suite, Apt. #, etc.  
Suite A

Suite, Apt. #, etc.  
Suite A

City & State  
Gainesville FL

City & State  
Gainesville FL

Zip Country  
32606 US

Zip Country  
32606 US

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. Name and Address of Current Registered Agent

Name  
JERZY LUKASIK

Street Address (P.O. Box Number is Not Acceptable)  
4641 N.W. 6th Street, Suite A

Suite, Apt. #, Etc.  
Suite A

City  
Gainesville

State Zip Code  
FL 32606

300005507789--6  
-05/14/02-01017-008  
\*\*\*\*300.00 \*\*\*\*300.00

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

Date 4-26-02

REGISTERED AGENT MUST SIGN

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
D P S T		JERZY LUKASIK	4641 N.W. 6th St., Suite A	Gainesville, FL 32606

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:

4-26-02

352 377 6302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)