

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 28 AM 10:22

DOCUMENT # P96000061130

1. Corporation Name

CRYSTAL WATER CONDITIONING, INC.

300011131713
01/28/03--01051--008 **300.00

2. Principal Office Address

3017 HWY 231

Suite, Apt. #, etc.

3. Mailing Office Address

3017 HWY 231

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

Zip

32405

Country

USA

Zip

32405

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/18/1996

5. FEI Number

593399751

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

LAU, DAVID G.

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

3017 HWY 231

Suite, Apt. #, Etc.

City

PANAMA CITY

**State
FL**

**Zip Code
32405**

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

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
P	LAU, DAVID G.	3017 HWY 231	PANAMA CITY, FL 32405
V	MILLER, ROBERT W.	3017 HWY 231	PANAMA CITY, FL 32405

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03 8507479040



January 27, 2003

RE: Reinstatement of Corporation Status

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

In January of 2000 our business moved from 3704 W. 23rd Street, Panama City, FL 32405 to our new location at 3017 Hwy. 231, Panama City, FL 32405. During this time Carol Smith was my Secretary and she filed all license. In May of 2000 I acquired a new secretary and she was not familiar with numerous licenses and corporate fees that had to be filed and paid. I know in 2001 a representative of the company that moved into my old address called to let me know that they had mail for me, I picked this up which was the packet for my corporation license, it was filled out and returned to you with the correct fees. Pauline also marked through the old address and wrote the new address in its place, it appears that was never put in your system because we have not received the packet in 2002 or 2003. Please reinstate my corporate status along with the correct address.

Sincerely,

A handwritten signature in dark ink, appearing to read "D. Lau" or "David Lau", written in a cursive style.

David G. Lau
President
DL/ps