PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
APPLICATION FOR	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S	NT OF STATE		
REINSTATEMENT P9600009	DIVISION OF CORPO	RATIONS		
DOCUMENT # Florida	water Rontals	. Inc.	98 MAY 22 PM 2: 35	
Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
			IALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address 34 Bal	Bujlar		
		rbour Ph	DE11 COM A BUILD A MARCH	
wash be 15th court	33159	1.45	REINSTATEMENT	
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter	correction below.		
New Principal Office Address, If Applicable	3. New Mailing Office Address, If	th Court	4. Date Incorporated or Qualified To Do Business in Florida  Mew 1998.	
Suite, Apt. #, etc.	Suite, Apt. #, elc.  City & State		5. FEI Number Applied For	
City & State  Zip Country	Miami Fla	rv	Not Applicable 88.75 Additional Fee requi	
	33/79 Do	ide l	CERTIFICATE OF STATUS DESIRED for a Certificate of Statu	
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	Sti	ations must list at leas reet Address of Each licer and/or Director	ch	
Title(s) and/or Directors		se Post Office Box N		
*				
UP Reland Root		Rund Noeth		
	Loxahachi 34 Ru	Bay br	Ray History File	
Pres. Kichard Cresci	世	5 0 7 1	33154	
			500002537545	
8. Name and Address of Current R	legistered Agent	Name	9. Name and Address of New Registered Agent	
Richard Cresci			(P.O. Box Number is Not Acceptable)	
20256 NE 15th Court		Suite, Apt. #, Etc.		
Micmi Place, county)		City	State Zip Code	
10. I, being appointed the registered agent of the above	•		<b>FL</b>	
Signature of Registerer Agent	GISTERED AGENT MUST SIGN		Date May 1, 1998	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No No (See other side for information on intangible tax.)				
12. It 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 PLANT	,		ma. 1 199K	
SIGNATURE: SIGNATURE AND TYPED OR PRIM	ITED NAME OF SIGNING OFFICER OR	DIRECTOR	May 1, 1998 Daylime Phone #	