

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

04 SEP 17 AM 8:00

DOCUMENT # P97000028518

1. Corporation Name

FLORIDA'S GLACIER WATER INC.

REINSTATEMENT

98-04
MRS

400041128314

09/17/04--01074--003 **1050.00

2. Principal Office Address

19788 MANECKE RD

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

Zip

34601

Country

USA

3. Mailing Office Address

19788 MANECKE RD

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

Zip

34601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/1997

5. FEI Number

59-3449681

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

MILTON S. MCEVERS

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

19774 MANECKE RD

Suite, Apt. #, Etc.

City

BROOKSVILLE FL

State

FL

Zip Code

34601

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

9/17/04

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
PRESIDENT	SCOT J MCEVERS	19788 MANECKE RD.	BROOKSVILLE FL 34601
V.P.	MILTON MCEVERS	19774 MANECKE RD	BROOKSVILLE FL 34601
SEC.	VIRGINIA MCEVERS	19774 MANECKE RD	BROOKSVILLE FL 34601

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

9-9-04

Date

352-540-9292

Daytime Phone #

CR2E081 (01/04)