


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-03/19/02--01044--009  
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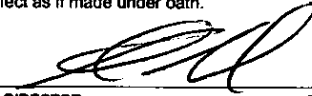
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P97000076139			
<b>1. Corporation Name</b> H <sub>2</sub> O Customized water Systems, INC.			
<b>2. Principal Office Address</b> 300 SE 1 <sup>st</sup> AVE Suite, Apt. #, etc. Suite D City & State OCALA FL. Zip 34471 Country America		<b>3. Mailing Office Address</b> PO BOX 2136 Suite, Apt. #, etc. City & State OCALA FL. Zip 34478 Country America	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8-28-97	
<b>5. FEI Number</b> 59-3465340	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> RAJENDRA PERSAUD		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6184 NE 66 <sup>th</sup> ST.		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> Silver Spgs.	<b>State</b> FL	<b>Zip Code</b> 34471

<b>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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 2/26/02
<b>REGISTERED AGENT MUST SIGN</b>	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P	RAJENDRA PERSAUD	6184 NE 66 <sup>th</sup> ST.	Silver Spgs. FL 34471
VP	NAZEELA PERSAUD	6184 NE 66 <sup>th</sup> ST.	Silver Spring FL 34488

<b>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.</b>	
<b>SIGNATURE:</b> RAJENDRA PERSAUD 	<b>Date</b> 2/26/02 (30) 622 P300 <b>Daytime Phone #</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	

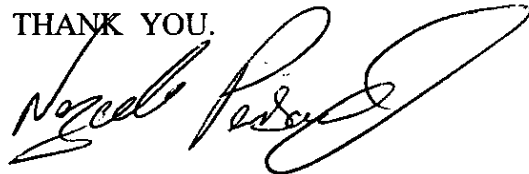
CR250819901

2/27/02

Attn reinstate dept

We at H2O did not receive any letter for renewal and would like the late fees to be waved. Also I am sending a check for the amount of \$300.00 . \$150.00 for 2001 and \$150.00 for 2002. Any questions please call us a 352-622-8300. Please send all mail to P.O.Box 2136 Ocala Fl, 34478.

THANK YOU.

A handwritten signature in black ink, appearing to read "Nicole Rodriguez", written in a cursive style.