

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

*Reinstatement  
2000-2001*

**FILED**

01 JAN 19 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000014859**

1. Corporation Name

*Water from the air, Inc.*

2. Principal Office Address

*11680 Point Dr*

Suite, Apt. #, etc.

*None*

City & State

*Merritt Island,*

Zip

*32952*

Country

*USA*

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

*None*

City & State

*Florida*

Zip

*Sevens*

Country

*Brevard*

700003555537--7  
-01/19/01--01056--005  
\*\*\*\*750.00 \*\*\*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

*Feb 13, 98*

5. FEI Number

*59-3466045*

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

*Warren McFadden*

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

*11680 Point Dr.*

Suite, Apt. #, Etc.

*# None*

City

*Merritt Island*

State

*FL*

Zip Code

*32952*

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-01/19/01--01056--006  
\*\*\*1061.50 \*\*\*\*\*2.75

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

*Warren McFadden Director*

Date *1/18/01*

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
<i>Pres/DIR</i>	<i>Warren McFadden</i>	<i>11680 Point Dr</i>	<i>Merritt Is., FL 32952</i>

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-01/25/01--01003--002  
\*\*\*\*150.00 \*\*\*\*150.00

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:

*Warren McFadden Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/01*

Date

*321 7733206*

Daytime Phone #