PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION **REINSTATEMENT**

2. Principal Office Address
4315 S.W. 34TH STREET

ORLANDO



FLORIDA DEPARTMENT OF STATE

Secretary of State

DOCUMENT #

1. Corporation Name

3. Mailing Office Address 4315 S.W. 34TH

RECYCLING, INC. U.S. WATER

Katherine Harris

DIVISION OF CORPORATIONS

FILED

00 MAY 18 PH 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

÷ .	j			•			
		Suite, Apt. #, etc.					
				4. Date Incorporated or Qualified To Do Business in Florida 11/20/98 -			
ORUANOO, FL		City & State ORLANDO, FL					
				5. FEI Number	Applied For Not Applicable		
				<u> </u>			
32811	Country U.S.A.	32811	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional for a Certification			
		7. Name a	nd Address of Current Reg	istered Agent			
	RLEY PATTER Address (P.O. Box Numbe			6000032971	 ! <u>-</u> 5- -4.		
	15 S.W. 34TH		-06/20/0001049011 ****300.00 ****300.00				

8.	 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0)503,	F.S

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 5 11 00

State FL

Zip Code

32811

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		
etisin	HARLEY	PATTEE	·	4315 S.W. 34TH ST	REET	ORLANDO, FL 32811	
						·	
			1				

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:

4/ SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARLEY PATTEE

<u>5 11 00</u>

467-872-1981

Daytime Phone #



U.S. Water Recycling, Inc.

DO NOT REMOVE/

May 11, 2000

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

Subject:

Request to Waive Reinstatement Fee

Per our conversation with a Division of Corporations representative on Friday, May 5, 2000, this letter is to request that the reinstatement fee of \$600.00 be waived due to the fact that the address for our company, previously on file with the Division of Corporations, was invalid. U.S Water Recycling had therefore never received the notice to file a 1999 Annual Report.

Please find enclosed a payment totaling \$300.00 for the Annual Report Late Fee of \$61.25, the Corporate Supplemental Fee of \$88.75, and the Annual Report Filing Fee of \$150.00.

Sincerely,

Harley Pattee

President

HP/dm