

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000053944

1. Corporation Name

GATOR WATER ANALYSIS & TREATMENT, INC.

Principal Place of Business

Mailing Address

12500 TAMiami TRAIL, SOUTH
WARM MINERAL SPRINGS FL 34287

12500 TAMiami TRAIL, SOUTH
WARM MINERAL SPRINGS FL 34287

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida 06/11/1999

5. FEI Number 45-0933808 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PERRY, JOHN	8222 ROCKWELL AVENUE	NORTH PORT FL 34286
D	PERRY, CLARE	8222 ROCKWELL AVENUE	NORTH PORT FL 34286
			700003455417--3 -11/07/00--01087--001 ***750.00 ***750.00
			10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRY, CLARE
12500 TAMiami TRAIL, SOUTH
WARM MINERAL SPRINGS FL 34287

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State _____ Zip Code _____
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Clare Perry
REGISTERED AGENT MUST SIGN

Date 10-17-00

11. 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:

Clare Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-00

Date

941-423-6909

Daytime Phone #