

H010000393438

SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 16 PM 4:52

CORPORATION REINSTATEMENT

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

DOCUMENT # **PA9060683208**

1. Corporation Name
WaterPure Corporation

2. Principal Office Address
626 10th Ave
Suite, Apt. #, etc.
PHE
City & State
New York, NY
Zip
10036
Country
USA

3. Mailing Office Address
626 10th Ave
Suite, Apt. #, etc.
PHE
City & State
New York, NY
Zip
10036
Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 9-15-99

5. FEI Number **650948809** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED See (b) Additional Fee required for a Certificate of Status

00-01

7. Name and Address of Current Registered Agent

Name
Grier Holliday

Street Address (P.O. Box Number is Not Acceptable)
1160 102nd St

Suite, Apt. #, Etc
Suite 1

City
Bay Harbor Island
State
FL
Zip Code
33154

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]* Date **4-16-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Grier Holliday	1160 102nd St	Bay Harbor Island, FL 33154
T	John Dacino	199 Mungertown Rd	Madison, CT 06443

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]* Date **4-16-01**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

WATER PURE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00