PLEASE READ	ALL INSTRUCTIONS BEFORE		NG THIS FORM.		
	FLORIDA DEPARTMENT OF STAT	E	FILED		
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	02 [EC 31 AM 10: 20		
OCUMENT# P9900098758 Corporation Name		SE(TALL	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
WATERTRONICS	TNIC				
2. Principal Office Address	3. Mailing Office Address				
LIL SE	414 SE				
suite, Apl. #, ela Port Saint Lucie Blud	Suite, Apl. #, etc. Port Saint Lucie Blue	4. Date incorp To Do Busin	orated or Qualified less in Florida		
City & State	City & State	5. FEI Number		199 plied For	
Port Saint Lucie, Florid		da 65097		Applicable	
zip Country 34984 USA	Zip Country 34984 USA	6. CERTIFICATE	OF STATUS DESIRED X S8.75 Additional for a Certificat		
	7. Name and Address of Current Reg	istered Agent			
Name		•			
WERNER JAGER Street Address (P.O. Box Number is Not Acceptable)			0009751627		
414 SE		12/30)/0201115022 **49	38.75	
suite, Apt. #, Etc. Port Saint Lu	aie Blud			4	
City	10'e		State Zip Code FL 34984		
8. I, being appointed the registered agent of the ab		the obligations of section	n 607.0505 or 617.0503, F.S.		
Signature of	15		Date 12/27/02		
Registered Agent	EGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer at	d/or Director (Florida nonprofit corporations must lis	t at least 3 directors)			
Titles Name of Officers and/or Director	Street Address of Officer and/or Di	'Each rector	City / State / Zip		
V/S Werner Jager	414 SE Port Said	- Lucie Blvd	Port Saint Lucie, F	-L 348	
PIT Graig A. Schwar	HILLST Port Scie	+ Lunia Bird	Port Saint Lucie, F Part Saint Lucie, FL,	31.982	
P/I Gaig A. Jenwar	neck land se roll -all				
		U			
this reinstatement application, the reason for di owed by the corporation have been paid and th on this application is true and accurate, and my	eiver or trustee empowered to execute this application solution has been eliminated, the corporate name as a names of individuals listed on this form do not quali signature shall have the same legal effect as if made	fy for an exemption und o under oath.	er section 119.07(3)(i), F.S. The informatio	n indicated	
SIGNATURE: SIGNATURE AND TYPED OF	RINTED NAME OF SKINING OFFICER OR DIRECTOR		Oata Daytime Phone #		
		ł	Ĵ	<i>11 13</i>	

Watertronics Inc.

414 SE Port Saint Lucie Blvd. Port Saint Lucie, FL 34984 Phone & Fax: (561) 878-6939

email: watertec1@yahoo.com

·· 7-

December 27, 2002

Secretary of State Attn: Reinstatement Division of Corporation P.O.Box. 6327 Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

We founded Watertronics, Inc. in 1999, where Mr. Martin Lawson was hired as a consultant to register the company as our accountant.

Since I am from Germany, I did not know, that there is a yearly fee to pay, you had the wrong address and Mr. Lawson never told us about it, we had no chance to pay our duty. After receiving the information from an officer of our business bank, that our company status is inactive, I tried to find the right telephone number and could finally speak with one of your very helpful officers to show us the way to reinstate the status of our company. We hope on your good will to waive the penalty fee.

The correct address is; Watertronics, Inc. 414 SE Port Saint Lucie Blvd. Port Saint Lucie, FL 34984

Attached to this letter please find the reinstatement form and \$458.75 as company check for reinstatement incl. certificate of status (\$8.75).

Sincerely,

Werner Jage