

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P99000108400

1. Entity Name
PURE WATER SOURCE, INC.



Principal Place of Business
304 SANDDOLLAR CT
KISSIMMEE, FL 34743

Mailing Address
P.O. BOX 423248
KISSIMMEE, FL 34742

FILED

05 JAN 31 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3613798

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, DEANAP
304 SANDDOLLAR CT
KISSIMMEE, FL 34743

7. Name and Address of New Registered Agent

Name
Donald W. Peachey
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEACHER, DONALD W
304 SANDDOLLAR CT.
KISSIMMEE, FL 34743 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800046086518
02/07/05--01035--022 ***900.00 ☐ Change ☐ Addition

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald W. Peachey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

Date

407-460-8394

Daytime Phone #