

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S36075

1. Corporation Name

AFTON BOTTLED WATER COMPANY

2. Principal Office Address

11040 Plantation Road

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33912

Country

USA

3. Mailing Office Address

11040 Plantation Road

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33912

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/04/91

5. FEI Number

65-0244844

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Joseph H. Curler

Street Address (P.O. Box Number is Not Acceptable)

11040 Plantation Road

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

700003181217-8
-03/23/00-01019-011
*****908.75 *****908.75

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

Joseph H. Curler
REGISTERED AGENT MUST SIGN

Date **March 9, 2000**

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
P/S/D	Joseph H. Curler	11040 Plantation Road	Fort Myers, FL-33912

REINSTATEMENT 99-0018

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:

Joseph H. Curler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH H. CURLER

March 9, 2000

Date

(941) 395-0138
Daytime Phone #