

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S54718

1. Corporation Name

ALLEGHENY MOUTAIN WATER INCORPORATED

Principal Place of Business

Mailing Address

914 NE 24 LN
#2
CAPE CORAL FL 33909

914 NE 24 LN
#2
CAPE CORAL FL 33909

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

2. New Principal Office Address, if Applicable
1621 SE 13th St.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State

Zip
33990

Country
LEE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1991

5. FEI Number

65-0375909

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
1	ROWAN, PATRICK	914 NE 24th Lane Unit #2	CAPE CORAL, FL 33909
2	ROWAN, FRANK	914 NE 24th Lane Unit #2	CAPE CORAL, FL 33909
3	ROWAN, ELIZABETH	1621 SE 13th St.	CAPE CORAL, FL 33909
PS-T	ELIZABETH ROWAN	914 NE 24th Lane Unit #2	CAPE CORAL, FL 33909
V	FRANK ROWAN SR	914 NE 24th Lane Unit #2	CAPE CORAL, FL 33909

8. Name and Address of Current Registered Agent

ROWAN, PATRICK
914 NE 24 LN
#2
CAPE CORAL FL 33909

9. Name and Address of New Registered Agent

Name
ELIZABETH ROWAN
Street Address (P.O. Box Number is Not Acceptable)
1621 SE 13th St.
Suite, Apt. #, Etc.
City
CAPE CORAL
State
FL
Zip Code
3

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

Elizabeth Rowan
REGISTERED AGENT MUST SIGN

Date

11-16-00

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:

Elizabeth Rowan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-00

Date

941-772-7105

Daytime Phone #