

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 20 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67851**

1. Corporation Name

FILTERS, INC.

2. Principal Office Address

15521 FURLONG CIRCLE

Suite, Apt. #, etc.

City & State

ODESSA, FLORIDA

Zip

33556

Country

U.S.A.

3. Mailing Office Address

15521 FURLONG CIRCLE

Suite, Apt. #, etc.

City & State

ODESSA, FLORIDA

Zip

33556

Country

U.S.A.

REINSTATEMENT

00-01

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

07/22/1991

5. FEI Number

953044920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DANIEL A. HECHT

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

15521 FURLONG CIRCLE

Suite, Apt. #, Etc.

City

ODESSA

400004287514-2

05/22/01-01079-014

******900.00 ****900.00**

State

FL

Zip Code

33556

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

REGISTERED AGENT MUST SIGN

Date **4/6/2001**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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/V/ST	DANIEL A. HECHT	15521 FURLONG CIRCLE	ODESSA / FLORIDA / 33556

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:

DANIEL A. HECHT PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2001

Date

813-918-3865

Daytime Phone #

CR2E081 (9/00)