

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S96937**
1. Corporation Name
Water Supply Inc.

Principal Place of Business Mailing Address

REINSTATEMENT

95-96

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

DO NOT WRITE IN THESE SPACES

2. New Principal Office Address, If Applicable 16693 Golfview Dr		3. New Mailing Address, If Applicable Same		4. Date Incorporated or Qualified To Do Business in Florida 11/26/91	
Suite, Apt. #, etc. Ft. Lauderdale		Suite, Apt. #, etc. Same		5. FEI Number 65-0323269	
City & State Florida		City & State		Applied For <input type="checkbox"/>	
Zip 33326		Country Broward		Not Applicable <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 - Additional Fee required for a Certificate of Status	

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DPT	Adler, Mel H.	16693 Golfview Dr. Ft. Lauderdale FL 33326	900002027479--2 -12/12/96--01076--006 ****583.75 ****583.75
S	Adler, Renee	16693 Golfview Dr Ft. Lauderdale FL 33326	
			900002027479--2 -12/12/96--01076--006 ****583.75 ****445.00

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

Adler, Russell B, ESQ
8881 N. LAKE DASHA DR.

Name **Adler, Russell B, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
8881 N. LAKE DASHA DR.
Suite, Apt. #, Etc.
City **Plantation** State **FL** Zip Code **33324**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-10-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mel Adler 12/10/96 954-

Date Daytime Phone #

CR2540 (12/95)