

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 20 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000010774

1. Corporation Name

H2O Enhancement Technologies, Inc

REINSTATEMENT

CR2E081 (1/07)

06-07

2. Principal Office Address - No P.O. Box # **NEW**

1035 SW 81ST Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1035 SW 81ST Dr.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1/08/04

5. FEI Number

134271400

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

James S. Hill

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

1035 SW 81ST Drive

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 18 Dec 07

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
Pres.	James S. Hill	1035 SW 81 ST Drive	Gainesville FL 32607

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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 contained in Chapter 119, 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:

[Signature]

James S. Hill, President

Date

18 Dec 07

Daytime Phone #

(352) 219-2199