

(1/2) 282

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT
H2O 911, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$750.00

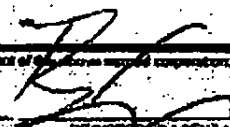

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1 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT 2013		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06000011597			
1. Corporation Name <h1>H2O 911, INC.</h1>			
2. Principal Office Address - No P.O. Box # 409 Cypress Way E <small>State, Apt. #, etc.</small>		3. Mailing Office Address same <small>State, Apt. #, etc.</small>	
City & State Naples, FL		City & State	
Zip 34110	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 01/23/2006			
5. FEI Number 20-4156829		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <small>\$5.75 Additional Fee required for a Certificate of Status</small>			
7. Name and Address of Current Registered Agent Name Benjamin Corace Street Address (P.O. Box Number is Not Acceptable) 409 Cypress Way E <small>State, Apt. #, etc.</small> City Naples			
State FL		Zip Code 34110	
8. I, being appointed the registered agent of this corporation, accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent:  Date: November 1, 2013 REGISTERED AGENT MUST SIGN			
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
D/P	Benjamin Corace	409 Cypress Way E	Naples, FL 34110
10. E-mail Address: sam.watson@kattenlaw.com <small>(To be used for future annual report notification)</small>			
11. I certify that I am an officer or director of the corporation and the information provided in this application is provided for in Chapter 607 or 617, F.S. Further, I am certifying that the reinstatement application, the reasons for delinquency, and any other information, the corporate name satisfies the requirements of section 607.0605 or 617.0503, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information is considered a third degree felony as provided for in s.817.165, F.S.			
SIGNATURE: 		11/1/13 239-572-4280 <small>Division of Corporations</small>	
Benjamin Corace, President			

K. ASHTON