

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000112218

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Entity Name:** H20 BISTRO, INC.

**Current Principal Place of Business:**

26 OAKWOOD CT  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

26 OAKWOOD CT  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 20-8377225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EAKIN, PAUL M  
599 ATLANTIC BLVD  
STE 4  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL EAKIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORAES, SELINA  
Address: 26 OAKWOOD CT  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete  
Name: DOOLITTLE, WILLIAM  
Address: 7570 FAWN LAKE DR NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELINA MORAES

PD

10/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date