

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

98 JUN -5 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION FOR REINSTATEMENT

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

DOCUMENT # 99500003240

1. Corporation Name MIDWEST WATER TECHNOLOGIES, INC.
11820 NW 37 STREET
CORAL SPRINGS, FL 33065

Principal Place of Business 4822 PROJECTS DRIVE
FT. WAYNE, IN 46825

Mailing Address (SAME AS ABOVE)

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

2. New Principal Office Address, if Applicable N/A

3. New Mailing Office Address, if Applicable N/A

Suite, Apt. #, etc. N/A Suite, Apt. #, etc. N/A

City & State IN City & State IN

Zip 46825 Country USA Zip 46825 Country USA

4. Date Incorporated or Qualified To Do Business in Florida JANUARY 12, 1995

5. FEI Number 65-0552882 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
P, T, D	WILLIAM K. MACKAY	11820 NW 37 STREET	CORAL SPRINGS, FL 33065
S, D	GEORGE J. OVERMEYER	11820 NW 37 STREET	CORAL SPRINGS, FL 33065

REINSTATEMENT 97-98

SL 6-5-98

8. Name and Address of Current Registered Agent

WILLIAM K. MACKAY
11820 NW 37 STREET
CORAL SPRINGS, FL 33065

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State FL Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent [Signature] (WILLIAM K. MACKAY) REGISTERED AGENT MUST SIGN Date 6/3/98

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 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)(c), 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] (WILLIAM K. MACKAY) 6/3/98 (954) 796-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORP-906 (12-98)