

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723683

1. Corporation Name
ROSEDALE WATER ASSOCIATION, INC.

Principal Place of Business HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521 CHATTAHOOCHEE FL 32324 US	Mailing Address HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521 CHATTAHOOCHEE FL 32324 US
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100003038671--7

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/09/99-01003--016 06/15/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2873128	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
V	ETHRIDGE, JAMES E	RT 1 BOX 556	CHATTAHOOCHEE FL 32324
D T	DAWKINS, NORRIS	803 AFRICA ST T	CHATTAHOOCHEE FL 32324
TS	HOWARD, ALMA	RT. 1 BONNIE HILL	CHATTAHOOCHEE FL
D D	WILLIAMS, EDGAR	RT. 1 HWY. 269 A D	CHATTAHOOCHEE FL 32324
D D	JACKSON, JIMMY	RT. 1 BOX 14 GREENSBORO HWY. D	CHATTAHOOCHEE FL 32324
D D	WILLIAMS, MABLE	RT. 1 BONNIE HILL GREENSBORO HWY D	CHATTAHOOCHEE FL

8. Name and Address of Current Registered Agent LEWIS, ROBERT HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521 CHATTAHOOCHEE FL 32324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 991 TS Suite, Apt. #, etc. City State FL Zip Code	
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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: Robert Lewis REGISTERED AGENT MUST SIGN Date: 10/13/99

11. 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)(i), 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: Robert Lewis REQUIRED 10/13/99 Date Daytime Phone # (850) 663-4373 663-4374

CR28040 (8/97)