

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723683

1. Corporation Name
Goodale Water Association

REINSTATEMENT 01-05

2. Principal Office Address
Robert Lewis
Suite, Apt. #, etc. *44 Bellamy RD*
NA

3. Mailing Office Address
Chattahoochee
P.O. Box # *811*
City, State, Zip *GA 32324*

City & State
Chattahoochee, GA

City & State
Chattahoochee, GA

Zip Country
32324 Sweden

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number *592873128* 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 *Robert Lewis* 700055147507
05/23/05--01066--009 **481 28

Street Address (P.O. Box Number is Not Acceptable)
44 Bellamy Rd 700055147507
05/23/05--01066--010 **8.75

Suite, Apt. #, Etc. *Chattahoochee* 32324

City State Zip Code
FL *32324*

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 *Robert Lewis* Date *4/14/05*
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
President	<i>Robert Lewis</i>	<i>44 Bellamy Road</i>	<i>Chattahoochee Fl. 32324</i>
Vice President	<i>Edleigh Edwards</i>	<i>874 Hardaway HWY</i>	<i>Chattahoochee Fl. 32324</i>
Board member	<i>Edgar Williams</i>	<i>468 Lincoln Dr.</i>	<i>Chattahoochee Fl. 32324</i>
Sec ¹⁰	<i>Mark Williams</i>	<i>104 Annie B Jackson</i>	<i>Chattahoochee Fl. 32324</i>
Sec ⁹	<i>Alma L. White</i>	<i>138 Copland White RD</i>	<i>Chattahoochee Fl. 32324</i>

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 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 (Robert Lewis)* 4/14/05 663-4194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

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