

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 24 AM 9:53

DOCUMENT # N98000006881

1. Corporation Name

JEFFERSON COMMUNITIES WATER SYSTEM, INC.

Principal Place of Business

P.O. BOX 82  
LLOYD FL 32337

Mailing Address

P.O. BOX 82  
LLOYD FL 32337

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1998

5. FEI Number

59-3547867

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	EDWARDS, WALTER B JR	LLOYD CREEK RD.	LLOYD FL 32337
VD	MOORE, JERE Charles S. Schwenk	SPRINGWOOD SUB, SR 59 S. 9779 Gamble Rd	WACISSA FL 32361 V.P. Director Mmticello, FL 32344
STD	COCHRAN, RUBY	CORNER OF NOTRA DAME & MAIN ST.	LLOYD FL 32337

8. Name and Address of Current Registered Agent

COOPER, BOBBY D  
1512 WEKEVA NENE  
TALLAHASSEE FL 32301

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 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Oct 02 877-6257

Date

Daytime Phone #

10/24/02 10/24/02

CR2E040 (8/02)

24 OCT 02

TO WHOM IT MAY CONCERN.

I never Received A Rejection Notice Regarding  
my Annual Report Filing

Bobby D. Cooper

*Bobby Cooper*