

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION



FLORIDA DEPARTMENT OF STATE
Sandra L. Bartham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 25 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014686

1. Corporation Name

TALQUIN WATER COMPANY, INC.

Principal Place of Business

LEON CO FL
3003 GROVE ST.
TALLAHASSEE FL 32301
US

Mailing Address

P.O. BOX 6216
TALLAHASSEE FL 32301
US



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

02/23/1994

5. FEI Number

65-0473083

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	LAWRENCE, E.W.	206 HIBISCUS ST	TAVERNIER FL 33070

600002364426--7
-12/05/97--01082--017
****165.00 ****165.00

7/25/97

8. Name and Address of Current Registered Agent

RAWLINGS, J. B
3003 GROVE ST.
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

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

E.W. Lawrence PRES E.W. LAWRENCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/97
Date

878-0021
Daytime Phone #

CR2E040 (8/97)

(2)

TALQUIN WATER COMPANY, INC.
POST OFFICE BOX 6216
TALLAHASSEE, FL 32314
PHONE/FAX: 850-878-0021

November 24, 1997

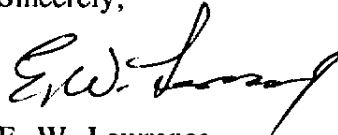
FLORIDA DEPARTMENT OF STATE
Annual Report Section
Post Office Box 6327
Tallahassee, FL 32314

Dear Sirs:

This is to advise that Talquin Water Company, Inc. has not received a notice to re-new Corporate status for 1997. Our only notice was the Dissolution Notice. Please note that the ZIP CODE on our mailing address is incorrect.

As per my telephone conversation this date, this letter is to request you accept payment of \$165.00 (check enclosed) due to failure to receive notice. Thank you for your consideration.

Sincerely,



E. W. Lawrence
As President

EWL/jsr
enclosure

P.S. We are a small water system on Lake Talquin with approximately 100 customers. The \$750.00 fee would be a burden on our customers as we are operating on a no-profit status at this time.