

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 209646

1. Corporation Name

Southern Water Contractors Inc

2. Principal Office Address

Post Office Box 3407

Suite, Apt. #, etc.

City & State

Riverview, Florida

Zip

33568

Country

USA

3. Mailing Office Address

Post Office Box 3407

Suite, Apt. #, etc.

City & State

Riverview, Florida

Zip

33568

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/06/1958

5. FEI Number

590825072

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

Daniel E. Campo

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

8805 Crosswood Court

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33568

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

Daniel E. Campo

REGISTERED AGENT MUST SIGN

Date **December 4, 2003**

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
P/D	Daniel E. Campo	Post Office Box 3407	Riverview, Florida 33568
VP	Ramon F. Campo	Post Office Box 3407	Riverview, Florida 33568

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:

Daniel E. Campo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel E. Campo

12/4/03

Date

813/610-9299

Daytime Phone #

CR2E081 (10/02)