

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 340067

1. Corporation Name

ALL FLORIDA SOFT WATER INC

Principal Place of Business

Mailing Address

240 NE FIFTH ST - A
SAINT AUGUSTINE FL 32082 32095

240 NE FIFTH ST - A
SAINT AUGUSTINE FL 32082 32095



500008768755
11/04/02--01004--011 **158.75

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

01/13/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1259335

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
P	DALY, JAMES	6724 SOUTH BEAGLE DRIVE	HOMOSOSSA FL
S	DALY, CAROL ANN	6724 SOUTH BEAGLE DRIVE	HOMOSOSSA FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES DALY
240 NE FIFTH STREET
SAINT AUGUSTINE FL 32082

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

James E. Daly

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/30/02

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

Date

Daytime Phone #

CR2E040 (8/02)

ALL FLORIDA SOFT WATER SERVICE, INC.
ALL FLORIDA IRRIGATION
LINDSEY SOFT WATER SERVICE



WATER CONDITIONING SYSTEMS
RESIDENTIAL, COMMERCIAL AND
INDUSTRIAL
SPRINKLER SYSTEMS
RESIDENTIAL, COMMERCIAL AND
INDUSTRIAL-TORO, NELSON AND
RAINBIRD

240 - A N.E. FIFTH ST.
SAINT AUGUSTINE FL. 32095

10/30/02

~~2205 EMERSON STREET, JACKSONVILLE, FLORIDA 32207~~

PHONE (904) 396-4071

AND 904-826-0300

FLORIDA DEPT OF STATE
DIV. OF CORPORATIONS,

DUE TO OUR RE-LOCATION OF THE BUSINESS
LAST YEAR (2001) WE HAVE NOT RECIEVED ANY
OF THE COPORATION ANNUAL REPORT NOTICES, NOTE,
WRONG ZIP CODE, ALSO MLDG. A.
THESE CORRECTIONS SHOULD SOLVE OUR NOT REQUIVING
MAIL PROBLEM.

SINCERELY,
Sam E. Daly