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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 390399

1. Corporation Name

C.S. Water Co., Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1311 Fallow Street	P.O. Box 40
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal Springs, FL	City & State: Crystal Springs, FL
Zip: 33524 Country: USA	Zip: 33524 Country: USA

CR2E083 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1971

5. FEI Number: 59-1370298 Applied For / N/A 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: Clyde A. Biston

Street Address (P.O. Box Number is Not Acceptable): 1311 Fallow Street

Suite, Apt. #, etc.

City: Crystal Springs | State: FL | Zip Code: 33524

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: Clyde A. Biston REGISTERED AGENT MUST SIGN Date: 10/22/15

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	Clyde A. Biston	1311 Fallow Street	Crystal Springs, FL 33524
VSD	Judith M. Biston	1311 Fallow Street	Crystal Springs, FL 33524

OCT 22 2015
R. HUNT

REINSTATEMENT

10. E-mail Address: tseemann@barnettbolt.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Clyde A. Biston, PDT 10/22/15
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

886578

Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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CORPORATION REINSTATEMENT

C.S. WATER CO., INC.

Certificate of Status	1
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Page Count	02
Estimated Charge	$1,208.75

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