PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT -3 AM 10:02

DOCUMENT # 710799

1. Corporation Name
MIDWAY-CANAAN COMMUNITY WATER ASSOCIATION, INC.

REINSTATEMENT CR2E081 (12/05) 02-06

2. Principal Office Address	3. Mailing Office Address
2310 JITWAY ST	P.O. BOX 1322
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: SANFORD, FL
Zip: 32772-1322 Country: SEMINOLE	Zip: 32772-1322 Country: SEMINOLE

4. Date Incorporated or Qualified To Do Business In Florida: 04-27-1966

5. FEI Number: 237024689 ☐ 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: WILLIE C. CUMMINGS

Street Address (P.O. Box Number is Not Acceptable): 2361 JITWAY AV

Suite, Apt. #, Etc.

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City: SANFORD State: FL Zip Code: 32771

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: W C Cummings Date: 09-28-06
REGISTERED AGENT MUST SIGN

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
President	BARNARD HUDLEY President	3401 HUGHEY ST	SANFORD, FL 32771
Vice President	ALTON GLENN Vice President	2200 CENTER ST	SANFORD, FL 32771
Treasury	WILLIE C CUMMINGS Treasury	2361 JITWAY AV	SANFORD, FL 32771

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 contained in Chapter 119, 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: W C Cummings 09-28-06 407-323-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #