


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 AR CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713837

1. Corporation Name
EAST MILTON WATER SYSTEM, INC.

2. Principal Office Address 8175 S. AIRPORT RD		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MILTON, FLORIDA		City & State	
Zip 32583	Country SANTA ROSA	Zip	Country

300065565563
02/10/06--01015--011 **70.00
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **12/20/1967**

5. FEI Number **59-1280677** 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
MITCH RILEY

Street Address (P.O. Box Number is Not Acceptable)
7103 JOHNSON ROAD

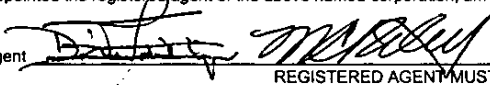
Suite, Apt. #, Etc.

City
MILTON

State
FL

Zip Code
32583

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.

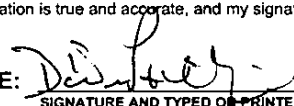
Signature of Registered Agent  Date **1/5/06**

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
ST	DAVID PHILLIPS	8713 HWY 90	MILTON, FL 32583
P	MITCH RILEY	7103 JOHNSON RD	MILTON, FL 32583
V	CLAUDE DUVALL	7517 CASA GRANDE CIR	MILTON, FL 32583
D	MICHAEL CLEO HEATH	4228 ELVIS PRESLEY DR	MILTON, FL 32583
D	JAMES L. WHITE	1957 JAMIE DR	MILTON, FL 32583
D	LOU E. DIXON	7581 HWY 90	MILTON, FL 32583

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:  **1/5/06** **850-623-8750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

