

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 723683

1. Corporation Name

ROSEDALE WATER ASSOCIATION, INC.

Principal Place of Business

HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521  
CHATTAHOOCHEE FL 32324  
US

Mailing Address

HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521  
CHATTAHOOCHEE FL 32324  
US

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 11/09/99-01003-016  
236.25 06/15/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2873128

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
V	ETHRIDGE, JAMES E	RT 1 BOX 556	CHATTAHOOCHEE FL 32324
D T	DAWKINS, NORRIS	803 AFRICA ST T	CHATTAHOOCHEE FL 32324
TS	HOWARD, ALMA	RT. 1 BONNIE HILL	CHATTAHOOCHEE FL
D D	WILLIAMS, EDGAR	RT. 1 HWY. 269 A D	CHATTAHOOCHEE FL 32324
D D	JACKSON, JIMMY	RT. 1 BOX 14 GREENSBORO HWY. D	CHATTAHOOCHEE FL 32324
D D	WILLIAMS, MABLE	RT. 1 BONNIE HILL GREENSBORO HWY D	CHATTAHOOCHEE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEWIS, ROBERT  
HARDAWAY HWY. 268 ROSEDALE RT. 1 BOX 521  
CHATTAHOOCHEE FL 32324

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.

Signature of  
Registered Agent

Robert Lewis  
REGISTERED AGENT MUST SIGN

Date

10/13/99

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:

Robert Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

(850) 663-4373  
663-4374