

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723683

1. Corporation Name

Goodale Water Association

REINSTATEMENT 01-05

2. Principal Office Address

Robert Lewis
Suite, Apt. #, etc. *44 Bellamy RD*
N/A

3. Mailing Office Address

Chattahoochee
P.O. Box *811* *Fla 32324*
Suite, Apt. #, etc. *N/A*

City & State

Chattahoochee, Fla

City & State

Chattahoochee, Fla

Zip

32324

Country

Sweden

Zip

32324

Country

Sweden

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number *592873128*

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

Robert Lewis

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

44 Bellamy Rd

Suite, Apt. #, Etc.

Chattahoochee

City

700055147507
05/23/05--01066--009 **481 28

700055147507
05/23/05--01066--010 **8.75

32324

State
FL

Zip Code

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

Robert Lewis

REGISTERED AGENT MUST SIGN

Date *4/14/05*

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	<i>Robert Lewis</i>	<i>44 Bellamy Road</i>	<i>Chattahoochee Fla. 32324</i>
Vice President	<i>Edleigh Edwards</i>	<i>874 Hardaway Hwy</i>	<i>Chattahoochee Fla. 32324</i>
Board member	<i>Edgar Williams</i>	<i>3468 Lincoln Dr.</i>	<i>Chattahoochee Fla. 32324</i>
Sec'y	<i>Mark Williams</i>	<i>104 Annie B Jackson</i>	<i>Chattahoochee Fla. 32324</i>
Sec'y	<i>Alma L. White</i>	<i>138 Copland White Rd</i>	<i>Chattahoochee Fla. 32324</i>

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 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 (Robert Lewis)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

663-4194

Daytime Phone #

CR2E081 (01/05)

512700