PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 20 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **740725**

1. Corporation Name

FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA CHAP TER OF THE NATIONAL ASSOCIATION OF WATER COMPANI

Principal Place of Business	Mailing Address
2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 US	2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301 US

REINSTATEMENT 03

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/08/1977

5. FEI Number: 59-1086752 ☐ Applied For ☐ Not Applicable

6. 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
D	JAMES, H A	P.O. BOX 441149	JACKSONVILLE FL 32222
D	RASMUSSEN, DON	200 WEATHERSFIELD AVE.	ALTAMONTE SPRINGS FL 32714
D	WATFORD, STEPHEN	6915 PERRINE RANCH RD.	NEW PORT RICHEY FL 34655

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DETERDING, F M 2548 BLAIRSTONE PINES DR TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/02)

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. or 617.0505, F.S.

Signature of Registered Agent: F M Deterding Date: 10/8/03
REGISTERED AGENT MUST SIGN

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: Stephen Watford, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Stephen Watford, Director