

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN 23 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 607343

**1. Corporation Name**

Wildwood Water Service, Inc.

**2. Principal Office Address**

2002 Richard Jones Road

Suite, Apt. #, etc.

Suite A200

City & State

Nashville, TN

Zip

37215-2809

Country

USA

**3. Mailing Office Address**

2002 Richard Jones Rd.

Suite, Apt. #, etc.

Suite A200

City & State

Nashville, TN

Zip

37215-2809

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/05/1982

**5. FEI Number**

62-1749347

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

J. Stephen Gardner

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

/co Bush Ross Gardner Warren & Rudy, P.A.

Suite, Apt. #, Etc.

220 South Franklin

City

Tampa

State

FL

Zip Code

33602

**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

*J. Stephen Gardner*

Date 1/15/04

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
D	Frank Andrews	2002 Richard Jones Rd., #A200	Nashville, TN 37215-2809
P	Sue Andrews	2002 Richard Jones Rd., #A200	Nashville, TN 37215-2809

**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:

*Frank Andrews*

Frank Andrews, Director

1/14/04

615.352.3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED081 (10/02)