

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN -1 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 43986**

1. Corporation Name

WATER SERVICES, Inc.

2. Principal Office Address

19430 Hwy 77N
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1739
Suite, Apt. #, etc.

City & State

Charmont, FL

City & State

Minneapolis, FL

Zip

34711

Country

Lake

Zip

34755

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

01-90

5. FEI Number

59-2988013

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800037523019
06/01/04--01001--007 **300.00

AC 6-1-04

7. Name and Address of Current Registered Agent

Name

Dennis A Masch

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

17500 Deer Isle Circle

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34767

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

[Signature]

Date

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	DENNIS A. MASCH	P.O. Box 1739	Minneapolis, FL 34755

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS A. MASCH

Date

5/27/04

Daytime Phone #

(352)

267-6045

CP2E081 (07/04)