

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000895

1. Corporation Name

Florida Water Services Authority, Inc.

2. Principal Office Address - No P.O. Box #

315 Fairpoint Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Zip

32561

Country

Santa Rosa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1032736

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

Ed Gray III

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

315 Fairpoint Drive

Suite, Apt. #, Etc.

City

Gulf Breeze FL

State

FL

Zip Code

32561

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ed Gray III

REGISTERED AGENT MUST SIGN

Date 12-9-2009

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	Theo Elbert	201 Laura Lane	Gulf Breeze FL 32561
D	Greg Adams	516 Navy Cove Blvd	Gulf Breeze FL 32561
D	Robert Smith	5579 Stewart St	Milton FL 32570

10. E-mail Address: edgray3@munlad.com

(To be used for future annual report notification)

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. I further certify, 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:

Ed Gray III

Ed Gray III, Executive Director

12-9-2009

850-934-4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #