2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0600003915 1. Entity Name TALQUIN WATER AND WASTEWATER, INC.								FILED 2008 OCT 23 PH 2: 18					
TALGORY VANTER AND VANSTEVANTER, INC.						(1)							
Principal Place of Business Mailing Address 1640 WEST JEFFERSON STREET POST OFFICE BOX 1679 QUINCY, FL 32351-2134 QUINCY, FL 32353-1679								TALEAHASSEE, FLORIDA					
Principal Place of Business - No P.O. Box # 3. Mailing Address													
2. Principal P	lace of Busine	ess - No P.O. Box #	3. Maili	3. Mailing Address				1 10001101 400 400110		***************************************			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				1900 F	MSTA	GRZE09	1/0/1E	MI			
City & State	е	City & State				4. FEI Number	rcable20-	478739	5 Ap	plied For t Applicable			
Zip	ip Country			Zip Cor			5. Certificate of Status Desired S8.75 Additional Fee Required						
	d Agent				7. Name and Add	dress of New Re	gistered A	gent					
HEWA, JOHN D.							Name Street Address (P.O. Box Number is Not Acceptable)						
1640 WES QUINCY, F			Street A	ddress (Not Acceptable)		171					
						11/04/080103					1002 **236.25		
						City				FL	Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE													
FILE NOW!!!/FEE IS \$236.25 Make check payable to													
		709, Fee will be \$297.			1	da Departr		I					
10.		OFFICERS AND DI	RECTORS	A45	11.			ADDITIONS/CHANG	ES TO OFFICER				
TITLE NAME	D ENGLISH,	COLIN JR.	OXO Delete ⊺⊓ N⊁				D Ale:	☐ Change │ xander, Joseph			X Addition		
STREET ADDRESS	4267 ENG	4			ET ADDRESS	507	7 Deerwood Circle				ŀ		
CITY-ST-ZIP	D	SSEE, FL 32301	CIT Delete TITI			-ST-ZIP	Qui	incy, FL 32352			☐ Change	(X) Addition	
TITLE NAME	-	AND, BOBBY J		L Delete III			Bris	Bristol, Dr. Clifford				M women	
STREET ADDRESS	1	MAN ROAD				E1 ADORESS - ST - ZIP	1533 Bri	5333 NW County Road 12 Bristol, FL 32321					
TITLE	CRAWFORDVILLE, FL 32327 D						V .	Stor, I'L J	2321		X Change	☐ Addition	
NAME	DURDEN,		NAM		Dur	rden, Carrie			-	1			
STREET ADDRESS CITY-ST-ZIP						REETADDRESS 4120 Fairbanks Ferry Ro Y-SI-ZIP Havana, FL 32333				Road			
TITLE	Р			☐ Delete ĭı'			D				☐ Change	Addition	
NAME STREET ADDRESS	GREEN, MAL 7882 BANDITS RUN				NAM	E E1 address	Brue	Bruce, Doug					
CITY-ST-ZIP						STREET ADDRESS 4553 Williams Road Tallahassee, FL 32302			FL 32302				
TITLE	ST Delete				TITLE		D	landingham	Willia.		☐ Change	X Addition	
NAME STREET ADDRESS	LEWIS, BERNARD ESS 591 LEWIS LANE				NAME STREE			anlandingham, William R. 19 Telogia Creek Road					
CITY-ST-ZIP	QUINCY, FL 32352				CITY	-ST-ZIP	Quincy, FL 32351						
TITLE NAME	V ☑ Delete SUMNER, AMOS				TITLE		D Feni	□ Change 〔 enn, Samuel J				X Addition	
STREET ADDRESS 19506 NE OLD BLUE CREEK ROAD				STRE	ET ADDRESS	3539	9 Lakeview	Drive					
CITY-ST-ZIP		D, FL 32334	th this fit			-SI - ZIP		lahassee,		6 . adh a		internal in	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: 10-2208													
ļ		SIGNATURE AND TYPED OR	PRINTED NAM	E OF SIGNING OFFICER	OR DIRECT	OR			Date	Day	time Phone #		