PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22460

1. Corporation Name

SIX MILE CYPRESS SEWER CORP.

Principal Place of Business	Mailing Address
3916 CLEVELAND AVENUE FT. MYERS FL 33901	3916 CLEVELAND AVENUE FT. MYERS FL 33901

REINSTATEMENT 1996 MWB 11-20-96

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: 08/08/1987

5. FEI Number: 65-0014280 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDS	SYMONDS, C. M., JR.	3916 CLEVELAND AVENUE	FT. MYERS FL 33901
D	SMITH, JAMES R.	3916 CLEVELAND AVE.	FT. MYERS FL 33901
~~D~~	~~GOLDBERG, MORTON A.~~	~~2201 MAIN STREET~~	~~FT. MYERS FL~~
D	Ahrens, Marcene K	3916 Cleveland Ave	Ft Myers, FL 33901

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8. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN S.
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: Symonds, C.M. Jr.
Street Address (P.O. Box Number is Not Acceptable): 3916 Cleveland Avenue
Suite, Apt. #, Etc.:
City: Fort Myers State: FL Zip Code: 33901

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.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 11-12-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 REQUIRED C.M. Symonds, Jr. 11-12-96 941/936-4186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E080 (1/96)