

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000073338

FILED  
Sep 23, 2005  
Secretary of State

Entity Name: AQUA UTILITIES FLORIDA, INC.

## Current Principal Place of Business:

762 WEST LANCASTER AVENUE  
BRYN MAWR, PA 19010

## New Principal Place of Business:

762 WEST LANCASTER AVENUE  
CORPORATE SECRETARY  
BRYN MAWR, PA 19010

## Current Mailing Address:

762 WEST LANCASTER AVENUE  
BRYN MAWR, PA 19010

## New Mailing Address:

762 WEST LANCASTER AVENUE  
CORPORATE SECRETARY  
BRYN MAWR, PA 19010

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: MARIA GORDIANY

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEBENEDICTIS, NICHOLAS  
Address: 762 WEST LANCASTER AVENUE  
City-St-Zip: BRYN MAWR, PA 19010

Title: P ( ) Delete  
Name: HUGUS, RICHARD D  
Address: 762 WEST LANCASTER AVENUE  
City-St-Zip: BRYN MAWR, PA 19010

Title: V ( ) Delete  
Name: LABRECQUE, GLENN P  
Address: 6960 PROFESSIONAL PKWY E  
City-St-Zip: SARASOTA, FL

Title: VS ( ) Delete  
Name: STAHL, ROY H  
Address: 762 WEST LANCASTER AVENUE  
City-St-Zip: BRYN MAWR, PA 19010

Title: VT ( ) Delete  
Name: PAPE, KATHY L  
Address: 762 WEST LANCASTER AVENUE  
City-St-Zip: BRYN MAWR, PA 19010

Title: S ( ) Delete  
Name: GUTH, NANCY  
Address: 6960 PROFESSIONAL PKWY E  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LIHVARIK, JACK  
Address: 6960 PROFESSIONAL PKWY E  
City-St-Zip: SARASOTA, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GORDIANY, MARIA  
Address: 762 W. LANCASTER AVENUE  
City-St-Zip: BRYN MAWR, PA 19010

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY H. STAHL

Electronic Signature of Signing Officer or Director

VS

09/23/2005

Date