

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2: 52

DOCUMENT # **P93000046992**

1. Corporation Name

Living Water Services, Inc.
P93000046992

2. Principal Office Address *3723 Kenilworth BLVD.*

~~636 Fernleaf Avenue~~

Suite, Apt. #, etc.

City & State

Sebring, Florida

Zip

33870

Country

Highlands

3. Mailing Office Address *3723 Kenilworth BLVD.*

~~636 Fernleaf Avenue~~

Suite, Apt. #, etc.

City & State

Sebring, Florida

Zip

33870

Country

Highlands

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/28/1993

SP

5. FEI Number

59-3194371

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

Clifford M. Ables, III

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

551 South Commerce Avenue

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33870

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

Clifford M. Ables, III

REGISTERED AGENT MUST SIGN

Date

2-21-01

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
P/D	Lenard B. Carlisle, Jr.	509 West Beach Avenue	Sebring, Florida 33870
D	Shelly M. Carlisle	509 West Beach Avenue	Sebring, Florida 33870

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lenard B. Carlisle, Jr. **LENARD B CARLISLE JR**

Date

Daytime Phone #

3/30/2001

CR2E081 (9/00)