

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR 21 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060898

1. Corporation Name

AQUA CARE WATER SERVICE, INC.

2. Principal Office Address

33 Arkansas Road

Suite, Apt. #, etc.

3. Mailing Office Address

33 Arkansas Road

Suite, Apt. #, etc.

City & State

Lehigh Acres, Florida

City & State

Lehigh Acres, Florida

Zip

33936

Country

Lee

Zip

33936

Country

Lee

4. Date Incorporated or Qualified  
To Do Business in Florida

8/15/94

5. FEI Number

65-0510335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 98.05

**7. Name and Address of Current Registered Agent**

Name

William L. Moffett

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

33 Arkansas Road

Suite, Apt. #, Etc.

City

Lehigh Acres

State  
FL

Zip Code

33936

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

*William L. Moffett*  
REGISTERED AGENT MUST SIGN

Date

3-4-05

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	William L. Moffett	33 Arkansas Road	Lehigh Acres, FL 33936
			400053927544 05/05/05--01066--022 **1658.75
			400053927544 05/05/05--01066--023 **150.00
			<i>J.R. G.P.</i>

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

Date

3-4-05 239-707-7336

Daytime Phone #

CR2E081 (01/05)