10/31/96 15:57

APPROVED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC 12 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Checks Payable to: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000096912

P95000096912

Point Water & Sewer, Inc.
4753 Raggedy Point Road
Orange Park, Florida 32073

2. If Address is Same, It is Important to Type Very Clearly the Correct Address Below:
Address
City and State Zip Code

3. If Principle Office Address is Different from Mailing Address, Enter Address Below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 9-7-95

5. FEI Number: Applied For

FEI Number Applied For ☐
FEI Number 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
P/D	John Yonge	4753 Raggedy Point Road	Orange Park, FL 32073

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-12/20/96--01108--008
****375.00 ****375.00

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

John Yonge
4753 Raggedy Point Road
Orange Park, FL 32073

8. If changed, new registered agent / office
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City State: FL Zip

16. 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: REGISTERED AGENT MUST SIGN Date: November 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Date: Nov. 1996 Daytime Phone #:

Typed or printed name of signing officer or director: JOHN YONGE, President