

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1052*

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 NOV 23 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P*97000031239

1. Corporation Name

Americas' Water Services Corporation

Principal Place of Business

1240 Iroquois Drive
Suite 106
Naperville, IL 60563

Mailing Address

~~P.O. Box 32~~
~~Naperville, IL 60540-0032~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Legal Dept.

Suite, Apt. #, etc.

1000 Color Place

City & State

Apopka, FL

Zip

32703

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

April 7, 1997

5. FEI Number

58-2322756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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
C/CEO	John Cirello	1000 Color Place	Apopka, FL 32703
D/VP	Morris A. Bencini	1000 Color Place	Apopka, FL 32703
D/COO/P	Norman L. Miranda	1240 Iroquois Drive Suite 106	Naperville, IL 60563
D/SrVP/ CM	John Wood	1240 Iroquois Drive Suite 106	Naperville, IL 60563
(For Continuation, See Attachment "A")			300002703779--C -12/04/98-01105-002 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

Brian P. Armstrong
1000 Color Place
Apopka, FL 32703

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11/16/98

407/880-0058

Daytime Phone #

CH2E040 (1/98)