

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1 of 2*

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 Mailing Address
 1240 Iroquois Drive ~~P.O. Box 32~~
 Suite 106 ~~Naperville, IL 60540-0032~~
 Naperville, IL 60563

REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		April 7, 1997	
City & State		City & State		5. FEI Number	
Zip		Zip		58-2322756	
Country		Country		Applied For	
		USA		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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		9. Name and Address of New Registered Agent		
Brian P. Armstrong 1000 Color Place Apopka, FL 32703		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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)(f), 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]* Date: *11/16/98* 407/880-0058
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)