

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**

CA-00



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

APPROVED  
AND  
FILED

00 APR 12 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000033216

1. Corporation Name

General Water Services Inc.

2. Principal Office Address

13405 SW 62 ST

Suite, Apt. #, etc.

Suite 2

City & State

Miami FL

Zip

33183

Country

USA

3. Mailing Office Address

13405 SW 62 ST

Suite, Apt. #, etc.

Suite 2

City & State

Miami FL

Zip

33183

Country

USA

**REINSTATEMENT**

CA-00

4. Date Incorporated or Qualified  
To Do Business in Florida

4/10/1998

5. FEI Number

05-0827040

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

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

Judith S. Blancett

Date 4/12/00

REGISTERED AGENT MUST SIGN Judith S. Blancett as Agent

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	Oquendo, Jose M.	13405 SW 62 ST	Miami, FL 33183
D	Soriano, Pedro P.	15680 SW 143 CT	Miami, FL 33177

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:

Jose M. Oquendo

3/15/00

305-408-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/99)