

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 30 PM 2: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18283

1. Corporation Name

CITY WATER INCORPORATED

200102361132
05/15/07--01001--026 **1050.00

REINSTATEMENT

2. Principal Office Address

101 South Terry Avenue

3. Mailing Office Address

101 South Terry Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

USA

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/1990

5. FEI Number

59-3045493

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
REBER, John C.

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

966-B East Michigan Street

Suite, Apt. #, Etc.

City
Orlando, FL

State
FL

Zip Code
32806

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

(Signature)
JOHN C. REBER
REGISTERED AGENT MUST SIGN

Date **DEC. 28, 2006**

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
VP	Glasser, Mitch	525 East South Street	Orlando, FL 32801
P	Armstead, Ralph (Esq)	511 West South Street	Orlando, FL 32805
ST	Ansley, Robert E. (Jr.)	101 South Terry Avenue	Orlando, FL 32805
D	Collins, Alexis	101 South Terry Avenue	Orlando, FL 32805
D	Morris, W.D.	2211 East Hillcrest Street	Orlando, FL 32803

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 contained in Chapter 119, 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)
Robert B. ... Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/06
Date

407 648-1623
Daytime Phone #