

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V54155**

1. Corporation Name

O AND S WATER COMPANY INC.

FILED

00 DEC 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

501 E OAK ST
SUITE A
KISSIMMEE FL 34744
US

501 E OAK ST
SUITE A
KISSIMMEE FL 34744
US

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

07/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3137710

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
DP	STEWART, DOUGLAS B	917 EMMETTE ST	KISSIMMEE FL
DVP	STEWART, SCOTT D B	917 EMMETT ST	KISSIMMEE FL
DST	OLSEN, JACK P	917 EMMETT ST	KISSIMMEE FL
			200003514622--2
			-12/27/00--01069--023
			****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, DOUGLAS B
501 E OAK ST
SUITE A
KISSIMMEE FL 34744

Name

SCOTT D. STEWART

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

2632 BELMONT ST.

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34743

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 Dec 15, 2000

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 Dec. 15, 2000

Daytime Phone #

(407) 846-2650