2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 487795

FILED Dec 01, 2009 Secretary of State

Entity Name: STRUCTURAL WATERPROOFING COMPANY, INC.

Juliciici	rincipal Place of Business:	New Principal Place of Business:	
	TELD AVENUE		
SUITE 200 WINTER F) PARK, FL 32789 US		
Current M	lailing Address:	New Mailing Address:	
PO BOX 1 WINTER F	40 PARK, FL 32790 US		
FEI Number	: 59-1631257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired	()
Name and	d Address of Current Registered Ager	t: Name and Address of New Registered Agent:	
300 N PAF #200	S, LARRY E RK AVE PARK, FL 32790 US		
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, o	r both,
CICNIATU	RE: LARRY E. WILLIAMS		
SIGNATU	INE. EARINI E. WILLIAWO		
SIGNATU	Electronic Signature of Registere	d Agent Date	
In accordan	Electronic Signature of Registere	did not receive the prior notice.	
In accordan Election Ca	Electronic Signature of Registere	did not receive the prior notice.	ECTORS
In accordan Election Ca OFFICER Title: Name: Address:	Electronic Signature of Registere ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (did not receive the prior notice.	ECTORS
In accordan Election Ca	Electronic Signature of Registere ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution () S AND DIRECTORS: P () Delete WILLIAMS, LARRY E 300 N PARK AVE-PENTHOUSE STE	did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRI Title: () Change () Addition Name: Address:	ECTORS
In accordan Election Ca OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registere ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution () S AND DIRECTORS: P () Delete WILLIAMS, LARRY E 300 N PARK AVE-PENTHOUSE STE WINTER PARK, FL 32789 S () Delete WILLIAMS, JOY M 300 N PARK AVE-PENTHOUSE STE	did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRI Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	ECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY E. WILLIAMS P 12/01/2009