

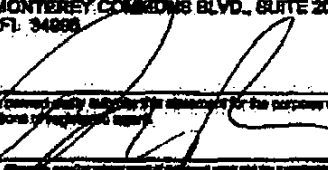
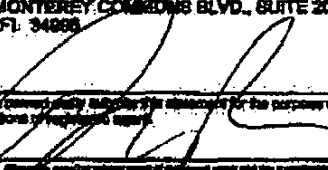
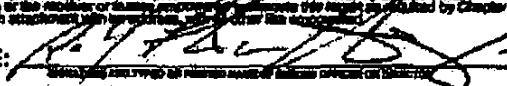
1092

**2007 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**

(((H070002466773)))

07 OCT -4 AM 4: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000077739			
1. Entity Name ONE WATERMARK DEVELOPMENT AND REALTY COMPANY, INC.			
Principal Place of Business 4050 NE JOE'S POINT ROAD STUART, FL 34994		Mailing Address 4050 NE JOE'S POINT ROAD STUART, FL 34994	
2. Principal Place of Business - My P.O. Box # 422 SHAKRON AVE		3. Mailing Address 422 S.W. AKRON AVE	
S.B.N. Apt. 9, etc.		S.B.N. Apt. 9, etc.	
City & State STUART, FL		City & State STUART, FL	
Zip 34994		Country USA	
4. Name and Address of Current Registered Agent PONSOLDT, WILLIAM R JR 1000 SE MONTEREY COMMONS BLVD., SUITE 208 STUART, FL 34989		5. FEE Number 35-2210268	
6. The above named entity certifies the accuracy for the purpose of changing its registered office or registered agent or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.		7. State and Address of State Registered Agent FL Zip Code 34989	
8. Signature of Registered Agent 		9. Signature of State Registered Agent 	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
101 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	102 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	103 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	104 NAME OFFICER/DIRECTOR CITY-STATE-ZIP
105 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	106 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	107 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	108 NAME OFFICER/DIRECTOR CITY-STATE-ZIP
109 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	110 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	111 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	112 NAME OFFICER/DIRECTOR CITY-STATE-ZIP
113 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	114 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	115 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	116 NAME OFFICER/DIRECTOR CITY-STATE-ZIP
117 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	118 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	119 NAME OFFICER/DIRECTOR CITY-STATE-ZIP	120 NAME OFFICER/DIRECTOR CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing complies exactly for the requirements contained 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 signature and that of the officer or director who have the same input effect as if made under oath that I am an officer or director of the corporation or the member or limited partner of the partnership and that my name appears in Block 10 or Block 11. I understand that an affidavit from a registered agent is required for the reinstatement of a corporation or partnership.			
SIGNATURE: 		DATE: 9/27/07 225-1234	

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Florida Department of State
Division of Corporations
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Phone : (561) 691-0059
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CORPORATION REINSTATEMENT

ONE WATERMARK DEVELOPMENT AND REALTY COMPANY, INC.

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