OCT-03-2007 17:22 ROBERT SHAPIRO PA P.02/02

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07 OCT -4 AM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000077739

1. Entity Name
ONE WATERMARK DEVELOPMENT AND REALTY COMPANY, INC.

Principal Place of Business	Mailing Address
4050 NE JOE'S POINT ROAD STUART, FL 34996	4050 NE JOE'S POINT ROAD STUART, FL 34996

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
422 S.W. AKRON AVE	422 S.W. Akron Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART, FL	City & State: STUART, Fl
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. FEI Number: 35-2210268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PONSOLDT, WILLIAM R JR
1000 SE MONTEREY COMMONS BLVD., SUITE 208
STUART, FL 34996

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement 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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING WITHIN ... FEE IS $700.00
After January 1, 2008, Fee will be $800.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OFF GUNTHER, ROLF S JR 422 SW AKRON AVE STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 9/27/07 772-225-1234
Signature, typed or printed name of signing officer or director. Date Daytime Phone #

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TOTAL P.02

282

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : SHAPIRO & ADAMS, P.A.
Account Number : I19990000101
Phone : (561)691-0059
Fax Number : (561)691-0066

CORPORATION REINSTATEMENT

ONE WATERMARK DEVELOPMENT AND REALTY COMPANY, INC.

Certificate of Status	0
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