

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 395116 1. Entity Name FLORIDA WATERPROOFING SUPPLY, INC.						FILED 2008 NOV 24 AM 11:13 TALLAHASSEE, FLORIDA	
Principal Place of Business 2435 SW 32 AVENUE PEMBROKE PARK, FL 33023				Mailing Address 2435 SW 32 AVENUE PEMBROKE PARK, FL 33023 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1458311				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 08			
6. Name and Address of Current Registered Agent TOWNSON, TERRY J 315 BRAVADO LANE PALM BEACH SHORES, FL 33404				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 <u><i>Terry J. Townson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11/20/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOWNSON, TERRY 315 BRAVADO LANE PALM BEACH SHORES, FL 33404 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KANISTRAS, GEORGE 605 CHAPMAN RD E OVIEDO, FL 32765 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600138236736 11/24/08--01053--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORD, RICHARD W 18614 N.W. 23RD STREET PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSON, TERRY B 232 147TH STREET N.E. BRADENTON, FL 34212 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Terry J. Townson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>11/20/08</u> DAYTIME PHONE # <u>561-352-6337</u>			