


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 AM 10:22

<b>DOCUMENT # J71814</b>	
1. Entity Name <b>CASCADE WATER WORKS INCORPORATED</b>	

Principal Place of Business <b>102 12TH ST. N. NAPLES, FL 33940</b>	Mailing Address <b>102 12TH ST. N. NAPLES, FL 33940</b>
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2. Principal Place of Business <b>1512 W 27 S</b>	3. Mailing Address <b>1512 W 27 S</b>
Suite, Apt. #, etc. <b>LAKE PLACID, FL</b>	Suite, Apt. #, etc. <b>LAKE PLACID, FL</b>
City & State	City & State

Zip <b>33852</b>	Country <b>USA</b>	Zip <b>33852</b>	Country <b>USA</b>
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10312004 REIN-P CR2E098 (6/04)

4. FEI Number <b>59-2811987</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HERNANDEZ, DANIEL ESQ 1100 5TH AVE S SUITE 301 NAPLES, FL 34102</b>
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7. Name and Address of New Registered Agent Name <b>MAC K W. PAYNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1512 W 27 S</b> City <b>LAKE PLACID</b> FL Zip Code <b>33852</b>
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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  **MAC K W. PAYNE PRES** 11-9-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, MAC K W 2610 SE 70 ST NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300042698483</b> <b>11/12/04--01060--020 **758.75</b>
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
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
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 exemption stated in Section 119.07(3)(i), 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:  **MAC K W. PAYNE PRES** 11-09-04 (865) 465-1932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/18/04