

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J87852					
1. Entity Name WATER MANIA, INC.					
Principal Place of Business 3601 COMMERCE BLVD. SUITE F KISSIMMEE, FL 34741			Mailing Address 3601 COMMERCE BLVD. SUITE F KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 2101 OLD HICKORY TREE RD.		3. Mailing Address 2101 OLD HICKORY TREE RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. CLOUD, FL		City & State ST. CLOUD, FL		4. FEI Number 59-2843854	
Zip 34772		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARSON, GARY ROBERT 3601 COMMERCE BLVD., STE F KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name: RANDY LARSON Street Address (P.O. Box Number is Not Acceptable): 1651 S. NARCOOSSEE RD. City: ST. CLOUD FL Zip Code: 34771		
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>Randy Larson</u> DATE: <u>6/5/09</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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	ST LARSON, GARY ROBERT 4345 N STAFFORD CRT PROVO, UT 84604		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900157101649 06/12/09--01084--016 **300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARSON, RANDAL KAMP 1651 S. NARCOOSSEE RD. ST. CLOUD, FL		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 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>Randy Larson</u>			RANDY LARSON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>6/5/09</u> Daytime Phone: <u>407-892-6358</u>		

FILED
09 JUN 12 AM 6:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
06057010 REIN-P CR2ED98 (1/07) 08-09