## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

I LEAGE READ	COMPLETING THIS FORM.  • • • • • • • • • • • • • • • • • • •	
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  03 JUN 10 PH 12: 21
DOCUMENT #		SECRETAL / CF STATE TALL ALL SSEEL FLORIDA
1. Corporation Name Florida Water MC	unagement, Inc.	}
PØ1000003992		RENSTATEMENT 12-0
2. Principal Office Address 14504 68th 57	3. Mailing Office Address PO Box 41466	600020693046 06/09/0301087017 **900.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State  Clear water PC  Zip Country	city & State  St. Petersburg, FC  Zip Country	To Do Business in Florida         1 - 8 - 200 /           5. FEI Number         Applied Fo           593 - (8 - 4406         Not Applied
<b>Zip Country</b> 33760 USA	250 Country 33743 USA	CERTIFICATE OF STATUS DESIRED SELTS Additional Fee recitor a Certificate of State
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)     12586 - 80		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PM Henry B. Morga	n 12586-804 A	Je N Seminole, fl 33776
10. I certify that I am an officer or director or the rece	iver or trustee empowered to execute this application as o	rovided for in chapter 607 or 617, F.S. I further certify that when filing
this reinstatement application, the reason for diss owed by the corporation have been paid and the	solution has been eliminated, the corporate name satisfies	the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicate

SIGNATURE: They B My-

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