

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03-09 2004

DOCUMENT # P02000020855

1. Corporation Name

H2O Extreme, Inc.

2. Principal Office Address

650 W. AVE

Suite, Apt. #, etc.
812

City & State

Miami Beach, FL

Zip

33327

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date incorporated or Qualified To Do Business in Florida

02/21/2002

5. FEI Number

20-1454315

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALBERTO MORAN

Street Address (P.O. Box Number is Not Acceptable)

650 W. AVE

Suite, Apt. #, Etc.

812

City

Miami Beach

State

Zip Code

FL

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/6/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALBERTO MORAN	650 W. AVE # 812	Miami Beach, FL 33139
			900040262839 08/17/04--01076--006 **408.75
			900040262839 08/17/04--01076--007 **500.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/04

Date

Daytime Phone #