


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010464		
1. Entity Name HOLIDAY MANOR COMMUNITY WATER SYSTEM, INC.		

FILED  
07 OCT 11 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 341 EDNA HOLLIDAY DR HAINES CITY, FL 33844	Mailing Address Y341 EDNA HOLLIDAY DR HAINES CITY, FL 33844
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 575 Fred Gamble Way Suite, Apt. #, etc.
City & State	City & State Orlando Beach, FL
Zip	Country 32174 Volusia



6. Name and Address of Current Registered Agent MARTIN, NELLEDA 341 EDNA HOLIDAY DR HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name: Benjamin T. Martin Street Address (P.O. Box Number is Not Acceptable): 575 Fred Gamble Way City: Orlando Beach, FL Zip Code: 32174	
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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: Benjamin Martin DATE: 10-1-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MARTIN, NELLEDA 341 EDNA HOLIDAY CT HAINES CITY, FL 33844 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110685021 10/11/07--01010--015 **\$50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D MARTIN, BENJAMIN 341 EDNA HOLIDAY CT HAINES CITY, FL 33844 <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	PD PAYNE, NATALIE M 341 EDNA HOLIDAY CT HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$10/12
TITLE NAME STREET ADDRESS CITY ST ZIP	STD MARTIN, MELANIE 341 EDNA HOLIDAY CT HAINES CITY, FL 33844 <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	D MARTIN, ROMERO 341 EDNA HOLIDAY CT HAINES CITY, FL 33844 <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	D MARTIN, JEREMY 341 EDNA HOLIDAY CT HAINES CITY, FL 33844 <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: Benjamin Martin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR