
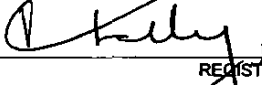



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000014615			
1. Corporation Name WATERFRONT SOLUTIONS, INC.			
2. Principal Office Address 1004 SYMPHONY ISLES BLVD.		3. Mailing Office Address P.O. BOX 3221	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State APOLLO BEACH, FLORIDA		City & State APOLLO BEACH, FLORIDA	
Zip 33572	Country U.S.A.	Zip 33572	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 2-6-03		5. FEI Number 56-2339151	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name CHAD KELLY			
Street Address (P.O. Box Number is Not Acceptable) 1004 SYMPHONY ISLES BLVD.			
Suite, Apt. #, Etc.			
City APOLLO BEACH		State FL	Zip Code 33572
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 		Date 3-10-06	
REGISTERED AGENT MUST SIGN			
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	Chad Kelly	1004 Symphony Isles Blvd	Apollo Beach, FL 33572
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 contained in Chapter 119, 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: 		Date 3-10-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHAD KELLY		Daytime Phone # 813-649-1200	



Waterfront Solutions, Inc.

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March 10, 2006

Florida Department of State
Secretary of State
Division of Corporations

Dear Madam/Sir,

Please find the enclosed the completed corporation reinstatement and annual report forms along with the appropriate fees of: \$ 150.00 and \$ 150.00 for the past and current due for Waterfront Solutions, Inc. F.E.I. #: 56-2339151. We did not receive the required forms in the mail this year, which resulted in this late filing and payment of monies due.

Thank you for your assistance and consideration of this matter.

Kindest Regards,

A handwritten signature in cursive script that reads "Chad Kelly, Pres.".

Chad Kelly, President
Waterfront Solutions, Inc.

5809 US HWY 41 N. Apollo Beach, FL 33572

Office: (813) 649-1200 Toll Free: (866) 296-3625 Cell: (813) 766-DOCK (3625)