

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000059090

Entity Name: WATER'S EDGE HOTEL, INC.

FILED  
Mar 10, 2005  
Secretary of State

## Current Principal Place of Business:

700 N ATLANTIC AVE  
DAYTONA BEACH, FL 32118

## New Principal Place of Business:

## Current Mailing Address:

700 N ATLANTIC AVE  
DAYTONA BEACH, FL 32118

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAMER, ROBERT E ESQ  
555 W GRANADA BLVD STE A-9  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: ROBERT KRAMER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: FUCHS, HOWARD  
Address: 700 N ATLANTIC AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SOLNY, SANFORD  
Address: 2161 WEST STREET  
City-St-Zip: BROOKLYN, NY 11223 US

Title: SEC ( ) Change (X) Addition  
Name: WOLF, MAURICE  
Address: 2161 WEST STREET  
City-St-Zip: BROOKLYN, NY 11223 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD SOLNY

VP

03/10/2005

Electronic Signature of Signing Officer or Director

Date