

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000173509 1. Entity Name MARK WATERMAN'S MAXIMUM AUTOMOTIVE, INC.	
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FILED
 2008 JAN 15 PM 4:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1301 HWY 60 EAST LAKE WALES, FL 33853	Mailing Address 1301 HWY 60 EAST LAKE WALES, FL 33853
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



6. Name and Address of Current Registered Agent WATERMAN, MARK 1301 HWY 60 EAST LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 20-2162179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WATERMAN, MARK <input type="checkbox"/> Delete 1301 HWY 60 EAST LAKE WALES, FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100115196611 01/15/08--01034--010 <input type="checkbox"/> Change <input type="checkbox"/> Addition ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATERMAN, MARK JR <input type="checkbox"/> Delete 1301 HWY 60 EAST LAKE WALES, FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATERMAN, LISA <input type="checkbox"/> Delete 1301 HWY 60 EAST LAKE WALES, FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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: Mark Waterman **MARK WATERMAN** 01-09-08 863-679-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #