


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000080212	
1. Entity Name TOTAL WATER TREATMENT INCORPORATED	

FILED

07 JUN -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 504 PINESONG DRIVE CASSELBERRY, FL 32707	Mailing Address 504 PINESONG DRIVE CASSELBERRY, FL 32707
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2. Principal Place of Business - No P.O. Box # 204 Williams RD	3. Mailing Address P.O. Box 196995
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Springs FL	City & State Winter Springs FL
Zip 32708	Zip 32719
Country USA	Country USA



05/22/2007 REINSTATEMENT 05/22/2007 (1/07) 05/22/2007

4. FEI Number 20-3818412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARSON, PATRICIA J 504 PINESONG DRIVE CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name Patricia J Carson Street Address (P.O. Box Number is Not Acceptable) 204 Williams RD. City Winter Springs FL Zip Code 32708
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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 Patricia J. Carson TREAS	DATE 06/01/07
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

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	P CARSON, PATRICIA J 504 PINESONG DR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Patricia J. Carson 204 Williams RD Winter Springs FL 32708 <input checked="" 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	Pres Larry Cowart 3116 Mango Tree Dr Edgewater FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Fred Marino 204 Williams RD Winter Springs FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gregg Haver U.P Gregg Haver 1792 Butler Dr Oviedo FL 32765 <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 Patricia J. Carson	DATE 06/01/07	DAYTIME PHONE # 407-949-0073
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #