2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000076653 1. Entity Name ALL AMERICAN WATER CONDITIONING, INC. **FILED** 08 FEB -8 AM 8: 53 Principal Place of Business Mailing Address 8802 CORPORATE SQUARE COURT 8802 CORPORATE SOUARE COURT SECRETARY OF STATE #302 #302 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. BOX 8665 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Jacksonville, 204985006 Not Applicable Zip Country ^{Zip}32239 Country Duval \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hollyn J. Foster **GENERAL BUSINESS SERVICES** Street Address (P.O. Box Number is Not Acceptable) 12412 SAN JOSE BLVD **SUITE 101** 334 East Duval Street JACKSONVILLE, FL 32223 Zip Code 32202 Jacksonville 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 of In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE P,D Change Addition NAME MILLER, RICK NAME STREET ADDRESS 13838 SPARTENBURG COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-7IP TITLE Addition ☐ Delete TILE ☐ Change VP,D NAME MILLER, LISA NAME STREET ADDRESS 13838 SPARTENBURG COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP TITLE ☐ Delete TITLE MILLER, LISA NAME NAME STREET ADDRESS 13838 SPARTENBURG COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP ☐ Delete TITLE Change Change Addition MILLER, RICK NAM.E NAME STREET ADDRESS 13838 SPARTENBURG COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 redeiver of sustee 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 attachmen vith an address, with all SIGNATURE:

Daytime Phone #

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO