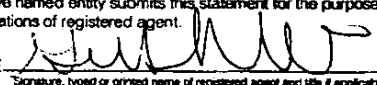
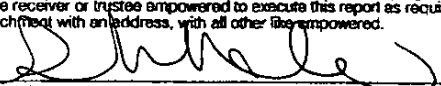


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY -2 PM 4:15

DOCUMENT # P06000119818			
1. Entity Name WATERLILLY SWIM SCHOOL, INC.			
Principal Place of Business 6194 BANYAN CIRCLE ORANGE PARK, FL 32003 US		Mailing Address 6194 BANYAN CIRCLE ORANGE PARK, FL 32003 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5551676		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 4/28/08	
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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SCHILD-ELLGREN, GRETCHEN 6194 BANYAN CIRCLE ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300128345833 05/02/08--01050--007 **300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHILD-ELLGREN, GRETCHEN 6194 BANYAN CIRCLE ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC SCHILD-ELLGREN, GRETCHEN 6194 BANYAN CIRCLE ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 5/6/08 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA SCHILD-ELLGREN, GRETCHEN 6194 BANYAN CIRCLE ORANGE PARK, FL 32003 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STATEMENT 87-08 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		4/28/08 904616-8075	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	