2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2009
Secretary of State

DOCUMENT# P06000126170

Entity Name: SOUTHWEST FLORIDA WATER SOLUTIONS CORP.

Current Principal Place of Business:

4570 16 STREET NE
NAPLES, FL 34120

New Principal Place of Business:

3660 19TH AVE SW
NAPLES, FL 34117 US

Current Mailing Address:

4570 16 STREET NE
NAPLES, FL 34120

New Mailing Address:

3660 19TH AVE SW
NAPLES, FL 34117 US

FEI Number: 20-5651703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETANCOURT, MABEL
4570 16 STREET NE
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

BETANCOURT, MABEL
3660 19TH AVE SW
NAPLES, FL 34117 US

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: MABEL BETANCOURT 11/04/2009
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: P ( ) Delete
Name: BETANCOURT, OSCAR
Address: 4570 16 STREET NE
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete
Name: BETANCOURT, MABEL
Address: 4570 16 STREET NE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BETANCOURT, OSCAR
Address: 3660 19TH AVE SW
City-St-Zip: NAPLES, FL 34117 US

Title: VP (X) Change ( ) Addition
Name: BETANCOURT, MABEL
Address: 3660 19TH AVE SW
City-St-Zip: NAPLES, FL 34117 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OSCAR BETANCOURT P 11/04/2009
Electronic Signature of Signing Officer or Director Date