## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000013945

Entity Name: WATERS ENTERPRISES, INC.

FILED Nov 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3967 ROSE OF SHARON DR ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

3967 ROSE OF SHARON DR ORLANDO, FL 32808

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.

5647 110TH AVE. NORTH

ROYAL PALM BEACH, FL 334110000 US

WATERS, THERON
3967 ROSE OF SHARON DR
ORLANDO, FL 32808 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: THERON WATERS 11/18/2008

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 WATERS, MARVYNE
 Name:
 WATERS, THERON

 Address:
 3967 ROSE OF SHARON DR
 Address:
 3967 ROSE OF SHARON DR

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808

Title: V ( ) Delete Title: V (X) Change ( ) Addition
Name: WATERS THERON Name: WATERS MARVYNE

 Name:
 WATERS, THERON
 Name:
 WATERS, MARVYNE

 Address:
 3967 ROSE OF SHARON DR
 Address:
 3967 ROSE OF SHARON DR

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808

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: THERON WATERS P 11/18/2008