2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000089610

Address:

City-St-Zip:

2190 IBIS ISLE ROAD #6

PALM BEACH, FL 33480 US

Entity Name: AQUA-MATE SYSTEMS, INC.

FILED Oct 26, 2009 Secretary of State

Littly Nai	IIIe. AQUA-IVIA	TE STOTEWS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
131 S.H. S	STREET				
#3 LAKE WO	RTH, FL 33460	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ISLE ROAD				
#6 PALM BEA	ACH, FL 33480	US			
FEI Number:	: 26-3471807	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
USA-RA LLC 841 PRUDENTIAL DRIVE 12TH FLOOR JACKSONVILLE, FL 32207 US			CONRAD, MARK K 2190 IBIS ISLE ROAD #6 PALM BEACH, FL 33	2190 IBIS ISLE ROAD	
	named entity su e of Florida.	ubmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: MARK CONRAD				10/26/2009	
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[CONRAD, MARK 2190 IBIS ISLE F PALM BEACH, FI	ROAD #6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[CONRAD, KAREI 2190 IBIS ISLE F PALM BEACH, F	ROAD #6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC ()[CONRAD, STEPH	Delete HANIA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MARK CONRAD PRES 10/26/2009