

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P30222

Entity Name: WATER MARQUE, INC.

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

4463 CORPORATE SQ  
NAPLES, FL 34104 US

## New Principal Place of Business:

## Current Mailing Address:

4463 CORPORATE SQ  
NAPLES, FL 34104 US

## New Mailing Address:

FEI Number: 52-1591100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEY, GEORGE E.  
1499 THIRD STREET SOUTH  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

ROBINSON, KELLY  
480 SHORT LANE  
NAPLES, FL 34102 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: KELLY ROBINSON

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KLEY, GEORGE E.,  
Address: 1499 THIRD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: KLEY, VICTORIA,  
Address: 1499 3RD ST SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: VPD ( ) Delete  
Name: KLEY, KIRK,  
Address: 353 LITTLE QUARRY ROAD  
City-St-Zip: GAITHERSBURG, MD 20879

Title: PD ( ) Delete  
Name: ROBINSON KLEY, KELLY  
Address: 480 SHORT LANE  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KLEY, GEORGE,  
Address: 1499 3RD STREET SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY ROBINSON

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date