

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000067861

Entity Name: WATERPROOF CHARTERS, INC.

FILED  
Oct 11, 2005  
Secretary of State

## Current Principal Place of Business:

86 RAINS COURT  
PONCE INLET, FL 32127

## New Principal Place of Business:

## Current Mailing Address:

86 RAINS COURT  
PONCE INLET, FL 32127

## New Mailing Address:

FEI Number: 59-3217519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARRETT, TIMOTHY M.  
86 RAINS COURT  
PONCE INLET, FL 32127 US

## Name and Address of New Registered Agent:

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: LISA P GARRETT

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GARRETT, TIMOTHY M  
Address: % 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

Title: VD ( ) Delete  
Name: GARRETT, MARK  
Address: % 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

Title: SD ( ) Delete  
Name: GARRETT, LISA P  
Address: % 86 RAINS COURT  
City-St-Zip: PONCE INLET, FL 32127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: LISA P GARRETT

Electronic Signature of Signing Officer or Director

SD

10/11/2005

Date