

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000072588

Entity Name: 1212 W. WATERS, INC.

FILED
Oct 14, 2007
Secretary of State

Current Principal Place of Business:

10701 AL CAPONE ROAD
TAMPA, FL 336244805

New Principal Place of Business:

7435 MELOGOLD CIRCLE
LAND O LAKES, FL 346377412 US

Current Mailing Address:

10701 AL CAPONE ROAD
TAMPA, FL 336244805

New Mailing Address:

7435 MELOGOLD CIRCLE
LAND O LAKES, FL 346377412 US

FEI Number: 59-3210475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTHERFORD, THOMAS S
13153 N. DALE MABRY HIGHWAY
SUITE 115
TAMPA, FL 336182410 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: THOMAS S RUTHERFORD

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: FLOYD, WILLIAM L
Address: 10701 AL CAPONE RD
City-St-Zip: TAMPA, FL 336244805

Title: S () Delete
Name: CIANCI, KATHY L
Address: 6214 PALM VIEW
City-St-Zip: TAMPA, FL 33625

Title: T () Delete
Name: DESCHAMPS, SHARON L
Address: 11304 BILLINGHAM
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: FLOYD, ROBERT L
Address: 17847 DRIFTWOOD LANE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOYD, WILLIAM L
Address: 7435 MELOGOLD CIRCLE
City-St-Zip: LAND O LAKES, FL 346377412 US

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

Title: T (X) Change () Addition
Name: GREENE, SHARON L
Address: 207 W. HILDA
City-St-Zip: TAMPA, FL 33603

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

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: WILLIAM L. FLOYD

P

10/14/2007

Electronic Signature of Signing Officer or Director

Date