


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000046012		
1. Entity Name CASUAL WATERS, INC.		

FILED
06 APR 14 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 187 SULKY WAY WELLINGTON, FL 33414 US	Mailing Address 187 SULKY WAY WELLINGTON, FL 33414 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent ZUMPONE, FRANK M 10974 NW 56TH COURT CORAL SPRINGS, FL 33076		4. FEI Number 65-0837411		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Name Zumpone, Frank M.		City Wellington		Zip Code 33414
Street Address (P.O. Box Number is Not Acceptable) 187 SULKY WAY				

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frank Zumpone DATE 4/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUMPONE, FRANK M 187 SULKY WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>4/30/17</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700073723557 05/02/06--01046--021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700073723557 05/02/06--01046--022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Zumpone FRANK M. ZUMPONE DATE 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR