2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000059135

FILED Apr 15, 2008 Secretary of State

Entity Name: SKI AWAY WAKEBOARD & WATER SKI INSTRUCTION, INC.

Current Principal Place of Business: New Principal Place of Business:

149 HAWTHORNE RD.

WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 US US

Current Mailing Address: New Mailing Address:

77 PAINE RD 149 HAWTHORNE RD.

WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 US

FEI Number: 65-0849227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRISCOE, DAVID BRISCOE, DAVID 149 HAWTHORNE ROAD, S.E. 77 PAINE RD

WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 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: DAVID BRISCOE 04/15/2008

> Date Electronic Signature of Registered Agent

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title:

BRISCOE, DAVID BRISCOE, DAVID Name: Name: 149 HAWTHORNE ROAD, S.E. Address: 77 PAINE RD Address:

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884

Title: VSTD (X) Delete Title: () Change () Addition

Name: BRISCOE, RENEE Name: 149 HAWTHORNE ROAD, S.E. Address: Address: WINTER HAVEN, FL 33884 City-St-Zip: 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: DAVID BRISCOE PD 04/15/2008