

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

Of OSRe

FILED

05 JUL 28 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000111873
1. Entity Name
VATER DEVELOPMENT CORP.

Principal Place of Business
2975 BRIGHTON HENRIETTA T.L. ROAD
ROCHESTER, NY 14623

Mailing Address
2975 BRIGHTON HENRIETTA T.L. ROAD
ROCHESTER, NY 14623

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

Barcode

06012005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0977520

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
Name
GARY A. POLIAKOFF
Street Address (P.O. Box Number is Not Acceptable)
BECKER & POLIAKOFF, P.A.
3111 Stirling Road
City
Fort Lauderdale FL Zip Code
33312

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 *[Signature]* DATE 7-26-05
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATER, DANIEL 2975 BRIGHTON-HENRIETTA TOWN LINE ROAD ROCHESTER, NY 14623	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	<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
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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 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 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 live employees.

SIGNATURE: *[Signature]* DATE 6/7/05 585-427-7530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dated the Form #