


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000069389 1. Entity Name WAND CORPORATION	
---	---

05 DEC -1 PM 3:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 05

Principal Place of Business 1105 CAPE CORAL PKWY EAST SUITE C CAPE CORAL, FL 33904	Mailing Address 3501 DEL PRADO BOULEVARD SUITE 306 CAPE CORAL, FL 33904
--	---

2. Principal Place of Business 3806 SW 2nd Street Suite, Apt. #, etc.	3. Mailing Address 1318 Lafayette Street Suite, Apt. #, etc.
--	---

City & State Cape Coral, FL 33991	City & State Cape Coral, FL 33904
Zip 33904	Zip 33904
Country Lee	Country Lee



11282005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent SCHUTT, DARRIN R 1105 CAPE CORAL PKWY EAST SUITE C CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Thomas W. Hill Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette Street City Cape Coral FL Zip Code 33904
---	--

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 *Thomas W Hill* DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEHRINGER, ANTON <input type="checkbox"/> Delete MIESBACHERST. 15, D-83627 WALLWARNGAU GERMANY,	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miesbacher Str. 15 83627 Wall - Germany
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTNER, JOSEPH A <input checked="" type="checkbox"/> Delete 3501 DEL PRADO BOULEVARD, SUITE 306 CAPE CORAL, FL 33904	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	VP Kerstin Scharold <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miesbacher Str. 15 83627 Wall - Germany
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 200061827192 12/01/05--01037--002 **150.00
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 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 like empowered.

SIGNATURE: *Thomas W Hill* Date 11-28-05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #