


2008 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P02000100338		
1. Entity Name WORLDCLASS HIGH PERFORMANCE LABS, INC.		

Principal Place of Business 482 HOLINGS CHURCH RD. WAGENER, SC 29164	Mailing Address PO BOX 2007 AIKEN, SC 29802
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2. Principal Place of Business - No P.O. Box # 482 HOLINGS CHURCH RD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

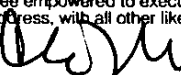
City & State WAGNER, SC	City & State
Zip 29164	Country USA

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NANGLE, CLINT 334 CHATMAN PL. WEST PALM BEACH, FL 33417		Name NANGLE, CLINT Street Address (P.O. Box Number is Not Acceptable) 334 CHATHAM P City WEST PALM BEACH, FL Zip Code 33417	

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: 	DATE: 11/4/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$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	PTD NANGLE, CLINT 334 CHATHAM P WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200137927652 11/14/08--01043--006 **\$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
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

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: 	DATE: 11/4/08 DAYTIME PHONE: 803.564.6152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
08 NOV 14 AM 11:20
CLERK OF STATE
TALLAHASSEE, FLORIDA



11052008 REIN-P CR2E098 (1/07)

4. FEI Number 56-2293377	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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