

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16000009092

Entity Name: 3 TECH WRESTLING, INC.**Current Principal Place of Business:**37 HARBOUR ISLE DRIVE UNIT PH6
HUTCHINSON ISLAND, FL 34949**Current Mailing Address:**117 KELLER WAY
MAYS LANDING, NJ 08330 US**FEI Number:** 81-3913609**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**3 TECH WRESTLING
13302 WINDING OAKS BLVD, SUITE
SUITE A
TAMPA FL 33612 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:** ROBERT MALATESTA, SR.

10/09/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEOD
Name MALATESTA, ROBERT SR.
Address 37 HARBOUR ISLE DRIVE UNIT PH6
City-State-Zip: HUTCHINSON ISLAND FL 34949

Title VPD
Name MALATESTA, ROBERT JR
Address 1615 HOWELL STREET
City-State-Zip: BEAUMONT TX 77706

Title D
Name MILLER, DENNIS
Address 38909 CAPTAINS LANE
City-State-Zip: SELBYVILLE DE 19975

Title D
Name MARTIN, GREG
Address 1126 MAPLEWOOD ROAD
City-State-Zip: COLUMBUS OH 43207

Title D
Name DIBIASE, PETER
Address 29 E. GRANT ST
City-State-Zip: WOODSTOWN NJ

Title SD
Name DOUGHERTY, PAT
Address 2041 WILLIAMSTOWN RD
City-State-Zip: FRANKLINVILL NJ 08322

Title D
Name ILES, STEVE
Address 107 MONROEVILLE RD
City-State-Zip: MONROEVILLE NJ 08343

Title D
Name FANUCCI, ANTHONY
Address 1932 S. BROOKFIELD ST
City-State-Zip: VINELAND NJ 08361

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MALATESTA

PRESIDENT/CEO

10/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name ELBEUF, DALE J.
Address 1549 CLOVER AVENUE
City-State-Zip: VINELAND NJ 08360

Title D
Name FORMAN, TOM
Address 35 TUDOR DRIVE
City-State-Zip: BURLINGTON TWP NJ 08016-4245

Title TD
Name MALATESTA, JANE
Address 212 HENDRICKS ROAD
City-State-Zip: VINELAND NJ 08360