## 2015 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000003607

Entity Name: VIRTUALWORKS GROUP INC.

**Current Principal Place of Business:** 

5301 N FEDERAL HWY SUITE 230

BOCA RATON, FL 33487

**Current Mailing Address:** 

5301 N FEDERAL HWY

SUITE 230

BOCA RATON, FL 33487 US

FEI Number: 26-4749250 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDS, STEVE 5301 N FEDERAL HWY SUITE 230

BOCA RATON, FL 33487 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: STEVE RICHARDS 10/12/2015

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO Title CFO

Name BAKLID, ERIK Name RICHARDS, STEVE

5301 N FEDERAL HWY 5301 N FEDERAL HWY Address Address SUITE 230

SUITE 230

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title CHAIRMAN OF THE BOARD Title **DIRECTOR** Name NILSEN, TORKJELL Name SYRRIST, DAG

Address 5301 N FEDERAL HWY Address 5301 N FEDERAL HWY

SUITE 230 SUITE 230

**BOCA RATON FL 33487** City-State-Zip: **BOCA RATON FL 33487** 

**DIRECTOR DIRECTOR** Title Title DEVOLD, JOSTEIN COHEN, ANDY Name Name

5301 N FEDERAL HWY 5301 N FEDERAL HWY Address Address

SUITE 230 SUITE 230

City-State-Zip: BOCA RATON FL 33487 City-State-Zip: BOCA RATON FL 33487

Title **DIRECTOR** Name BAKLID, ERIK

City-State-Zip:

Address 5301 N FEDERAL HWY

SUITE 230

BOCA RATON FL 33487 City-State-Zip:

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

10/12/2015 SIGNATURE: STEVE RICHARDS **CFO** 

**FILED** Oct 12, 2015

**Secretary of State** 

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