

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F13000005278

Entity Name: GWNE, INC.

**FILED**  
**Nov 06, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1430 S. VILLAGE WAY, SUITE T  
SANTA ANA, CA 92705

**New Principal Place of Business:**

**Current Mailing Address:**

1430 S. VILLAGE WAY, SUITE T  
SANTA ANA, CA 92705

**New Mailing Address:**

FEI Number: 27-0514629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: PARACORP INCORPORATED

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: MCCALLISTER, CRAIG  
Address: 1430 S. VILLAGE WAY, SUITE T  
City-St-Zip: SANTA ANA, CA 92705

Title: VCHR  
Name: MORRIS, AL  
Address: 1430 S. VILLAGE WAY, SUITE T  
City-St-Zip: SANTA ANA, CA 92705

Title: PST  
Name: MORRIS, AL  
Address: 1430 S. VILLAGE WAY, SUITE T  
City-St-Zip: SANTA ANA, CA 92705

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.

SIGNATURE: AL MORRIS

PST

11/06/2014

Electronic Signature of Signing Officer or Director

Date