

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -5 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006942

1. Corporation Name

Warm Wic Inc.

2. Principal Office Address - No P.O. Box #

101 Center Convention Blvd

Suite, Apt. #, etc.

700

City & State

Las Vegas, Nevada

Zip

89109

Country

Clark

3. Mailing Office Address

P. O. Box 71

Suite, Apt. #, etc.

City & State

Christmas, Florida

Zip

32709

Country

Orange

REINSTATEMENT 01-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/1997

5. FEI Number
88-0381879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jamison Paul

Street Address (P.O. Box Number is Not Acceptable)

14400 W. Colonial Drive

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jamison Paul

REGISTERED AGENT MUST SIGN

Date February 4, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, T	Luke Henry III	101 Center Convention Blvd	Las Vegas, Nevada 89109
			400118414554 02/20/08--01008--012 **1800.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Luke Henry III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/2008

Date

Daytime Phone #

2/5 00