## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J32413

Entity Name: WLT SOFTWARE OF FLORIDA, INC.

FILED Jan 29, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

831 N. HERCULES 2200 WINDSONG CT

SAFETY HARBOR, FL 34695 CLEARWATER, FL 34624 US

**Current Mailing Address: New Mailing Address:** 

831 N. HERCULES P. O. BOX 5741

CLEARWATER, FL 34624 US CLEARWATER, FL 33758 US

FEI Number: 59-2720594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BROOKS, THOMAS P TINER, ANN M 831 N. HERCULES AVENUE 2200 WINDSONG CT

CLEARWATER, FL 34695 SAFETY HARBOR, FL 33758 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: ANN TINER 01/29/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/O () Delete BROOKS, THOMAS P TINER, ANN M Name: Name: 2200 WINDSONG CT 1810 LEXINGTON PL Address: Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: SAFETY HARBOR, FL 34695

Title: Title: (X) Change ( ) Addition () Delete

Name: BROOKS, CHARLES W Name: TINER, WILLIAM 3350 MERMOOR #206 2200 WINDSONG CT Address: Address: PALM HARBOR, FL 34685 SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

VAN ETTEN, MICHELLE T Name: Name: 2941 SHORE DR APT A Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANN TINER P/O 01/29/2007