

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 30 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172008 REIN-P CR2E098 (1/07)

DOCUMENT # K66476 1. Entity Name RETAIL WORKS, INC.																									
Principal Place of Business C/O THOMAS D. MURRAY 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105 US			Mailing Address C/O THOMAS D. MURRAY 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105 US																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																							
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0268013																					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																					
6. Name and Address of Current Registered Agent MURRAY, THOMAS D. 2640 GOLDEN GATE PKWY 102 NAPLES, FL 34105			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																						
8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																									
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURRAY, THOMAS D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2640 GOLDEN GATE PKWY #102</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NAPLES, FL 34105</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	MURRAY, THOMAS D.		STREET ADDRESS	2640 GOLDEN GATE PKWY #102		CITY-STATE-ZIP	NAPLES, FL 34105		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>900137478469</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10/30/08--01024--013 **758.75</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	900137478469	STREET ADDRESS	10/30/08--01024--013 **758.75	CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowerers.																									
SIGNATURE: <i>Thomas D. Murray</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 10/27/08 Daytime Phone #: 239-434-6767																						