2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2004
Secretary of State

DOCUMENT# N03000006425

Entity Name: WHERE 2 GO OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

8227 BLUEBERRY DR
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8227 BLUEBERRY DR
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 20-0365343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DELLEVALLA, MICHAEL
8227 BLUEBERRY DR
NEW PORT RICHEY, FL 34653 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DYER, BRENDA C
Address: 8227 BLUEBERRY DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DVT ( ) Delete
Name: DELLAVALLE, PH.D., MICHAEL
Address: 8227 BLUEBERRY DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DS ( ) Delete
Name: ROBINSON, CATIE
Address: 4225 ONTARIO DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DELLAVALLE DVA 11/05/2004

Electronic Signature of Signing Officer or Director — Date