

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000006425

**FILED**  
**Dec 10, 2011**  
**Secretary of State**

**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:**

419 BAYVIEW DR. NE  
SAINT PETERSBURG, FL 33704

**Current Mailing Address:**

8227 BLUEBERRY DR  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

419 BAYVIEW DR. NE  
SAINT PETERSBURG, FL 33704

**FEI Number:** 20-0365343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DELLAVALLE, MICHAEL  
8227 BLUEBERRY DR  
NEW PORT RICHEY, FL 34653 US

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

DELLAVALLE, MICHAEL  
419 BAYVIEW DR. NE  
SAINT PETERSBURG, FL 33704 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: MICHAEL DELLAVALLE

12/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: DELLAVALLE, MICHAEL  
Address: 419 BAYVIEW DR. NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL DELLAVALLE

CEO

12/10/2011

Electronic Signature of Signing Officer or Director

Date