2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010784

Address:

City-St-Zip:

7104 SUMMIT RIDGE DRIVE

TALLAHASSEE, FL 32312

FILED Dec 22, 2009 Secretary of State

Entity Nam	ne: WB DEL RIO, INC.		•	
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
1133 CARIS TALLAHAS	SSA DRIVE SEE, FL 32312			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1133 CARIS TALLAHAS	SSA DRIVE SEE, FL 32312			
FEI Number: In accordanc	75-3260046 FEI Number Applied For () e with s. 607.193(2)(b), F.S., the corporation of		Certificate of Status Desired ()	
Name and	Address of Current Registered Agen	t: Name and Address of	New Registered Agent:	
1133 CARIS	S, HOWARD L SSA DRIVE SEE, FL 32308 US			
The above in the State	named entity submits this statement for of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: HOWARD L. WEATHERS			
Electronic Signature of Registered Agent		d Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SEC () Delete BENNETT, CONNIE I 7104 SUMMIT RIDGE DRIVE TALLAHASSEE, FL 32312	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () Delete WEATHERS, MARY A 1133 CARISSA DRIVE TALLAHASSEE, FL 32308	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () Delete WEATHERS, HOWARD L 1133 CARISSA DRIVE TALLAHASSEE, FL 32308	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DIR () Delete KINSLEY, JASON	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HOWARD L. WEATHERS **CFO** 12/22/2009