

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000055910

Entity Name: WARRANTY CENTER, INC.

FILED  
Oct 29, 2004  
Secretary of State

## Current Principal Place of Business:

8564 W GULF BLVD  
TREASURE ISLAND, FL 33706

## New Principal Place of Business:

3624 COMMERCIAL WAY  
SPRING HILL, FL 34606

## Current Mailing Address:

8564 W GULF BLVD  
TREASURE ISLAND, FL 33706

## New Mailing Address:

PO BOX 3189  
SPRING HILL, FL 34611

FEI Number: 59-3724428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMERS, LYNDI  
8564 W GULF BLVD  
TREASURE ISLAND, FL 33706 US

## Name and Address of New Registered Agent:

DEMERS, LYNDI  
6470 4TH PALM POINT  
ST PETE BEACH, FL 33706 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: LYNDI DEMERS

10/29/2004

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: D ( ) Delete  
Name: DEMERS, LYNDI  
Address: 8564 W GULF BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D ( ) Delete  
Name: QUARLES, COLLEEN  
Address: 3154 CONVERSE AVE  
City-St-Zip: SPRING HILL, FL 34608

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DEMERS, LYNDI  
Address: 6470 TH PALM POINT  
City-St-Zip: ST PETE BEACH, FL 33706

Title: D (X) Change ( ) Addition  
Name: QUARLES, COLLEEN  
Address: 10448 GOLDEN AVE  
City-St-Zip: WEEKI WACHEE, FL 34613

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

SIGNATURE: COLLEEN QUARLES

D

10/29/2004

Electronic Signature of Signing Officer or Director

Date