

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000065248

1. Entity Name
WHODATHOUGHT HOLDINGS, INC.



Principal Place of Business
6890 ATHENA DRIVE
LAKE WORTH, FL 33463

Mailing Address
6890 ATHENA DRIVE
LAKE WORTH, FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2344313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAUN, FREDERICK C ESQ
950 NORTH FEDERAL HIGHWAY, SUITE 108
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name BRAUN, FREDERICK C. ESQ.

Street Address (P.O. Box Number is Not Acceptable)
950 North Federal Highway, Suite 100

City Pompano Beach

FL

Zip Code 33062

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 *Frederick C Braun Esq.*

(NOTE: Registered Agent signature required when reinstating)

10-10-06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ELDER, DAVID W
STREET ADDRESS 5010 SW 11TH PLACE
CITY-ST-ZIP MARGATE, FL 33068

TITLE D ☐ Delete
NAME BRUNO, FRANK
STREET ADDRESS 6890 ATHENA DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100080831711
STREET ADDRESS 10/13/06--01049--019 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

David W. Elder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06

Date

954-571-7228

Daytime Phone #