2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000084485

City-St-Zip:

TAMPA, FL 33602

FILED Oct 13, 2004 Secretary of State

Entity Name: WARROOM DOCUMENT SOLUTIONS, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
201 E KENI TAMPA, FL	NEDY BLVD S . 33602	TE 500			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
12 ASPETU MILFORD,			201 E. KENNEDY BLVD SUITE 500 TAMPA, FL 33602)	
FEI Number:	16-1621103	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered				New Registered Agent:	
RAINES, CHRISTOPHER T 5200 N OCEAN DR SINGER ISLAND, FL 33404 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:					
Electronic Signature of Registered Agent Date				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:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CAFFEY, BRAD 201 E KENNEDY TAMPA, FL 336		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () HOLT, JENNIFE 201 E KENNEDY TAMPA, FL 336	/ BLVD STE 500	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	STD () CAFFEY, JOAN 201 E KENNEDY	Delete / BLVD STE 500	Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: JENNIFER HOLT VD10/13/2004