2005 FOR PROFIT CORPORATION REINSTATEMENT

	VEIMOL	4 I EMEM		_	
DOCUMENT # P02000103313					FILED
1. Entity Name • W.A.A.M.I., INC.				05 A0	R25 PM 3: 35
VV.A.A.IVI.I., INC.)	~£3 PM 3: 35
	<u>r</u>		SOO WITH	_ SECRE	TARY OF STATE ASSEE, FLORIDA
Principal Place of Business Mailing Address 9681 ENCINO DR 9681 ENCINO DR				TALLAH	ASSEE, FLORIDA
MIRAMAR, FL 33025 MIRAMAR, FL 33025					
2. Principal Place of Business 4681 ENCINO DR 3. Mailing Address 9681 ENCINO			81 FNCIND D		
9681 ENCINO DR Suite, Apt. #, etc.		Suite, Apt. #, etc.		PENNSTATE	WEST OF DU OS
					e de la constante de la consta
City & State	MIRAMAR FL	City & State MIRAL	IAR FL	4. FEI Number 05-0533835	Applied For Not Applicable
Zip 2 2	Country :	Zip 23/195	Country	5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Current	Registered Agent	<i>U</i> ~#	7. Name and Address of New F	Fee Required Registered Agent
			Name		- 41/2
MURPHY, ALBERT 9681 ENCINO DR Street Addres				s (P.O. Box Number is Not Acceptabl	e) ////
MIRAMAR, FL 33025				1.1.	
			City	/ <i>H</i>	Zip Code
9. The above	named entity submits this statement f	or the number of changing its		tered agent or both in the State of Fi	• -
	tions of registered agent.	or the purpose of changing its	registered diffice of regis	tered agent, or both, in the otate or ri	11 1 —
SIGNATURE	AIBERT MURDHY		South	****	4/22/05
	Signature, typed or printed name of egisterid agen	l and title if applicable.	Er Registered Agent signature red	guired when reinstating)	DATE
			/		
	LE NOW!!! FEE IS \$900.00				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	
TITLE NAME	D MURPHY, WINSOME	☐ Delete	TITLE NAME	7000542	Change Addition
STREET ADDRESS	9681 ENCINO DR		STREET ADDRESS	700054 05/11/050104	9019 **300.00
CITY-S1-ZIP	MIRAMAR, FL 33025	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
TITLE NAME	MURPHY, ALBERT	Delete	NAME		
STREET ADDRESS CITY-ST-ZIP	9681 ENCINO DR MIRAMAR, FL 33025		STREET ADDRESS : City-St-ZIP		
TITLE	WIRAWAN, FE 33023	□ Delete	TITLE	and the second s	☐ Change ☐ Addition
NAME			NAME	. .	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	لاادم	
HTLE		☐ Delete	TITLE	1451	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	10	
CITY-ST-ZIP			CITY-ST-ZIP	4	
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-SI-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE NAME		Change Addition
NAME STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
indicated	certify that the information supplied wi d on this report or supplemental report	is true and accurate and that	my signatura shall baya ti	ne same legal ettect as it mage under	oath: that I am an officer or director
of the co changed	irroration or the receiver or trustee emit, or on an attachment with an address	powered to execute this repor , with all other like empowered ROH L	t as required by Chapter t d.		
SIGNAT	d, or on an attachment with an address	wb to		4/22/6	305-496-03/4 Daytime Phone #
SIGNATURE: SIGNATURE AND TYPED OR PRINTYD NAME OF SIGNING OFFICER OR DIRECTOR Date Date					

GLENDA E HOOD SECRETARY OF STATE WAAMI INC 9681 ENCINO DR MIRAMAR FL 33025 4/22/05

THIS IS TO INFORM YOU THAT I DID NOT RECEIVED A RENEWAL MOTICE IN 2004 THEREFORE I WAS NOT AWARE OF THE STATUS OF THIS COMPANYS REGISTRATION BEEN DESCUED. I AM REQUESTING IF YOU WOULD BE KIND ENOUGH TO REJUESTING IF YOU WOULD BE KIND ENOUGH FEED REINSTATE THIS FOR ME WITH THE RENEWAL FEED HAT IS BEEN ENCLOSED. YOU'LL FIND CHECK FOR \$300.0 THANKS FOR YOUR HELP.

Aurs.