

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000054067

Entity Name: ISLAND WERKZ, INC.

FILED
Nov 04, 2004
Secretary of State

Current Principal Place of Business:

2660 LASER CT
ORLANDO, FL 32826

New Principal Place of Business:

P.O.BOX 340
INTERCESSION CITY, FL 33848

Current Mailing Address:

2660 LASER CT
ORLANDO, FL 32826

New Mailing Address:

P.O.BOX 340
INTERCESSION CITY, FL 33848

FEI Number: 65-1188585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRECILLA, GERARD
2660 LASER CT
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

PRECILLA, GERARD R CEO
P.O.BOX 340
INTERCESSION CITY, FL 33848 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: GERARD PRECILLA

11/04/2004

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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Change (X) Addition
Name: PRECILLA, GERARD R CEO
Address: P.O.BOX 340
City-St-Zip: INTERCESSION CITY, FL 33848 US

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: GERARD PRECILLA

CEO

11/04/2004

Electronic Signature of Signing Officer or Director

Date