



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096458						<b>FILED</b> <b>05 NOV 10 PM 5:02</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> WINGMASTER, INC.							
<b>Principal Place of Business</b> 5211 W. HILLSBOROUGH AVE TAMPA, FL 33634		<b>Mailing Address</b> 5211 W. HILLSBOROUGH AVE. TAMPA, FL 33634					
<b>2. Principal Place of Business</b> <del>TAMPA</del> 2011 Cleveland St Suite, Apt. #, etc. #A		<b>3. Mailing Address</b> 2011 Cleveland St #A Suite, Apt. #, etc. #A					
<b>City &amp; State</b> TAMPA, FL Zip 33606 Country USA		<b>City &amp; State</b> TAMPA, FL Zip 33606 Country USA					
<b>4. FEI Number</b> 10252005 REIN-P CR2E098 (6/04) 16-1684047				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> MAYTS, ANDREW J JR 106 S TAMPANIA AVE SUITE 200 TAMPA, FL 33609			
<b>7. Name and Address of New Registered Agent</b> Name <u>Andrew J. Mayts, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 N. Armenia Ave</u> City <u>TAMPA</u> FL <u>33609</u>							
<b>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.</b> SIGNATURE <u>[Signature]</u> <span style="float: right;">10/31/05</span> <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMBROVA, LOUIS 15619 PREMIERE DR SUITE 201 TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEZRAH, MICHAEL J 2011 CLEVELAND ST SUITE A TAMPA, FL 33606 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRAN, KENNETH D 1815 N WESTSHORE BLVD SUITE 900 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, FRANK 110 LITHIA RD SUITE G BRANDON, FL 33511 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTJE, STEVE 9600 18TH ST N ST PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.</b>							
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11/21/05 (813) 457-8380 <small>Date Daytime Phone #</small>			

**MEZRAH GROUP, INC.**  
REAL ESTATE DEVELOPMENT AND INVESTMENTS

November 1, 2005

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Wing Master, Inc.

To Whom It May Concern:

Enclosed you will find the 2005 Profit Corporation Reinstatement Form.

The original notice was mailed to an Officer of the corporation that have sold their business where the mailing address was stated, therefore no notices or correspondence were ever received. We are requesting a waiver of the penalty fee of \$750.00 or a reduction of the costs for this unfortunate error.

Please contact me at the number or address below and I will act immediately on this issue.

Thank you in advance for your attention in this matter.

Regards,



Michael Mezrah  
President  
Enclosures (4)

dr/MM