



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000108212 1. Entity Name GREGORY WORCH SALES AND ASSOC., INC.						FILED 05 MAY 10 PM 2:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11211 S MILITARY TR APT 5013 BOYNTON BEACH, FL 33436				Mailing Address 11211 S MILITARY TR APT 5013 BOYNTON BEACH, FL 33436			
2. Principal Place of Business 3745 ARELIA DR. S.		3. Mailing Address 3745 ARELIA DR. S.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State DELRAY BEACH FL		City & State DELRAY BEACH FL					
Zip 33445		Country U.S.A.		Zip 33445		Country U.S.A.	
4. FEI Number 20-0267316				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORCH, GREGORY 11211 S MILITARY TR APT 5013 BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name GREGORY WORCH Street Address (P.O. Box Number is Not Acceptable) 3745 ARELIA DR. S. City DELRAY BEACH FL Zip Code 33445			
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 <u><i>Gregory Worch</i></u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORCH, GREGORY 11211 S MILITARY TR BOYNTON BEACH, FL 33436 <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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Gregory Worch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/29/05</u> <u>561 573-5223</u> <small>Date Daytime Phone #</small>			