Dec 27 05 10:53a Keith Mollenkopf (813) 655-8196 p.1
Dec 12 05 10:45a

FILED
06 JAN -3 PM 4:59

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01/12/06--01003--014 **150.00

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041696

1. Entity Name
INVENTORY XPRESS, INC.

Principal Place of Business	Mailing Address
245 EAST DR STE 105 W MELBOURNE, FL 32904	245 EAST DR STE 105 W MELBOURNE, FL 32904

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

10122005 REIN-P CR2E098 (8/04)

4. FEI Number 13 4274930 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LITTLE, MICHAEL G
911 CHESTNUT ST
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
Name KEITH MOLLENKOPF
Street Address (P.O. Box Number is Not Acceptable)
6020 PALOMAGLADE DRIVE
City LITHIA FL Zip Code 33547

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 [signature] Keith Mollenkopf 12-27-2005
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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	☐ Delete	TITLE PRESIDENT NAME JOHN WORRELL STREET ADDRESS 12020 LEEWARD WALK CIRCLE CITY-ST-ZIP ALPHARETTA, GA 30005	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	13 | 4 | 06 STATEMENT 05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 12/27/2005 7706679299
Signature, typed or printed name of signing officer or director Date Daytime Phone #