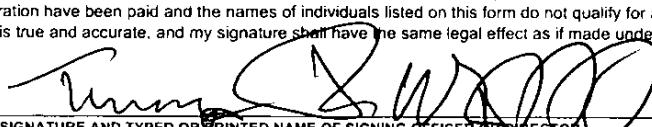


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # <i>P04000051697</i>				27 SEP 21 PM 12: 06
1. Corporation Name WARDBASS INC				
2. Principal Office Address - No P.O. Box # 6322 HARWICH CENTER ROAD		3. Mailing Office Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State WEST PALM BEACH FLORIDA		City & State		
Zip 33417	Country PALM BEACH	Zip	Country	
4. Date Incorporated or Qualified To Do Business in Florida 03/23/2004				
5. FEI Number 03-0541070		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent Name THOMAS R WARD Street Address (P.O. Box Number is Not Acceptable) 6322 HARWICH CENTER ROAD Suite, Apt. #, Etc. City WEST PALM BEACH State FL Zip Code 33417				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.				
Signature of Registered Agent			Date	
REGISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	THOMAS R WARD	6322 HARWICH CENTER ROAD	WEST PALM BEACH FL 33417	
			<i>100110052761 08/29/07-01057--013 **150.00</i>	
		<i>B. 9/25/07 PR</i>		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE: 		Date <i>1/18/07</i>		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				