

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: left;">CORPORATION </div><div style="text-align: center;"> FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>37 SEP 21 PM 12:06</p>	
DOCUMENT # P04000051697			
1. Corporation Name <div style="font-size: 1.5em; font-weight: bold;">WARDBASS INC</div>			
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		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 <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Name THOMAS R WARD</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Street Address (P.O. Box Number is Not Acceptable) 6322 HARWICH CENTER ROAD</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Suite, Apt. #, Etc.</div> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">City WEST PALM BEACH</div><div style="border: 1px solid black; padding: 2px;">State FL</div><div style="border: 1px solid black; padding: 2px;">Zip Code 33417</div></div>			
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Signature of Registered Agent _____</div><div>Date _____</div></div> <p style="text-align: center; font-weight: bold; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</p>			
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
			<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">100110052761 03/28/07--01057--013 **150.00</div>
		<div style="font-size: 2em; font-family: cursive;">B 9/25/07 AR</div>	
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.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">SIGNATURE: <div style="font-size: 0.7em; font-weight: bold;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div></div><div style="width: 35%; text-align: right;"><div style="font-size: 1.2em; font-family: cursive;">7/18/07</div><div style="font-size: 0.7em;">Date</div><div style="font-size: 0.7em;">Daytime Phone #</div></div></div>			