## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P04000061952 1. Entity Name : WOLVERINE FARRIER SERVICES INC. 06 MAY -4 PM 12: 46 SECRETARY OF STATE Principal Place of Business Mailing Address 2443 SHOMA DRIVE 2443 SHOMA DRIVE ROYAL PALM BEACH, FL 33414 ROYAL PALM BEACH, FL 33414 2. Principal Place of Business 3. Mailing Address 3617 Twt 36 I I Suite, Apt\_#, etc. Suite, Apt.,#, etc. 05012006 ~ REIN-P \* CR2E098 (11/05) 4. FEI Number 84-1645098 City & State W Pa M Applied For Not Applicable Zip 3 \$8.75 Additional 5. Certificate of Status Desired 341 Fee Required a M 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Coolbaugh COOLBAUGH, RORY Street Address (P.D. Box Number is Net Acceptable) 2443 SHOMA DRIVE ROYAL PALM BEACH, FL 33414 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE n Delete TITLE D Coelbaugh Rory 3617 Twothe Island Ct COOLBAUGH, RORY NAME NAME 2443 SHOMA DRIVE STREET ADDRESS STREET ADDRESS W Palm Beach, CITY-ST-ZIP ROYAL PALM BEACH, FL 33414 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME 900075879509 STREET ADDRESS STREET ADDRESS 06/06/06--01023--009 \*\*300.00 CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR