2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000086747

Title:

Name:

Address:

City-St-Zip:

() Delete

SATELLITE BEACH, FL 32937

WOODS, BOB

218 CASSIA BLVD.

FILED Nov 29, 2005 Secretary of State

| Entity Nam | ie: WORM D | ORIVE CA | RPENTRY, INC. | | | | | | |
|---|--|------------|---|-------------|--|--|-------------|----------------------------|--|
| Current Principal Place of Business: | | | | | New Principal Place of Business: | | | | |
| 495 NORW SATELLITE | OOD AVE. BEACH, FL | 32937 | | | | | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | | | |
| 495 NORW SATELLITE | OOD AVE. BEACH, FL | 32937 | | | | | | | |
| FEI Number: | 20-1219136 | FEI Nur | nber Applied For() | FEI Nun | nber Not Appli | cable () | Certific | ate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | | |
| PERI, ANTI 495 NORW SATELLITE | | 32937 | US | | | | | | |
| The above in the State | | submits t | his statement for the p | ourpose o | f changing it | s registered | d office or | registered agent, or both, | |
| SIGNATUR | E: ANTHON | <u> </u> | | | | | | | |
| | Electror | nic Signat | ure of Registered Age | ent | | | | Date | |
| | | | S., the corporation did no nd Contribution (). | t receive t | he prior notice | ∍. | | | |
| OFFICERS AND DIRECTORS: | | | | | ${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$ | | | | |
| Title: Name: Address: City-St-Zip: | P,D (PERI, ANTHON 495 NORWOO SATELLITE BE | D AVE | 2937 | | Title: Name: Address: City-St-Zip: | | () Change | () Addition | |
| Title: Name: Address: City-St-Zip: | VP (REESE, MARK 216 CASSIA BI SATELLITE BE | LVD. | 2937 | | Title: Name: Address: City-St-Zip: | VP JACKSON, E 3297 MARAN PORT SAINT | OSS RD | `, | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY PERI, JR **PRES** 11/29/2005

() Change () Addition