

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000117710

1. Entity Name
IT ALL WORKS, INC.



FILED

07 MAR 15 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022007

REIN-P

CR2E098 (1/07)

06-07

Principal Place of Business
204 37TH AVENUE NORTH
235
ST. PETERSBURG, FL 33704 US

Mailing Address
204 37TH AVENUE NORTH
235
ST. PETERSBURG, FL 33704 US

2. Principal Place of Business - No P.O. Box #
526 17th Ave NE
Suite, Apt. #, etc.

3. Mailing Address
526 17th Ave NE
Suite, Apt. #, etc.

City & State
St Petersburg FL

City & State
St Petersburg FL

Zip
33704

Country
USA

Zip
33704

Country
USA

4. FEI Number
20-1485631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GOLDBERG, GLENN E
133 FIRST STREET NORTH
SUITE 2
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent
Name
James C Weber
Street Address (P.O. Box Number is Not Acceptable)
6600 4th Street N/101
City
St Petersburg FL
Zip Code
33702

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 James C Weber *James C Weber* 3/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	P DINES, PATRICK 526 17TH AVENUE NE ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCFADDEN, PETER 730 VENETIAN WA MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100095149501 03/28/07--01021--023 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

MAR 15 2007