


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -4 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |  |  |
|--|--|--|--|
| DOCUMENT # P05000134242  |  |   |  |
| 1. Entity Name<br>MY JOB PERKS, INC.   |  |  |  |
| Principal Place of Business<br>5305 TECHNOLOGY DR.<br>TAMPA, FL 33647  |  | Mailing Address<br>5305 TECHNOLOGY DR.<br>TAMPA, FL 33647  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |
| City & State   |  | City & State   |  |
| Zip  | Country  | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br>FITZPATRICK, SCOTT W<br>100 S. EDISON AVE.<br>D<br>TAMPA, FL 33606  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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   |  | Registered Agent<br>9/25/06<br>DATE  |  |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2007, Fee will be \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FLEMMING, JEFF<br>5305 TECHNOLOGY DR.<br>TAMPA, FL 33647 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>700080462897<br>10/04/06--01039--011 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MARGINSON, BILL<br>5305 TECHNOLOGY DR.<br>TAMPA, FL 33647 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SHELBY, SCOTT<br>5305 TECHNOLOGY DR.<br>TAMPA, FL 33647 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered. |  |  |  |
| SIGNATURE:    |  | W. MARGINSON 9-26-06 813 866 4663<br>Date Daytime Phone #  |  |

10/9/06