## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000064040

373 NE FLORESTA DR

PORT ST LUCIE, FL 34983

Address:

City-St-Zip:

FILED Jul 08, 2009 Secretary of State

Entity Name: JW POPATOP INC. **Current Principal Place of Business: New Principal Place of Business:** 802 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 455 SE FALLON DRIVE PORT ST LUCIE, FL 34983 FEI Number: 20-4840654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAACK, JEFFREY C 455 SE FALLON DRIVE PORT ST LUCIE, FL 34983 US 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. SIGNATURE: JEFFREY C WAACK Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition WAACK, JEFFREY C PRES Name: Name: 455 SE FALLON DRIVE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34983 City-St-Zip: ( ) Delete Title: VΡ Title: (X) Change ( ) Addition Name: SWALES, LINDA VICE-PR Name: DIPANNI, CRYSTAL VICE-PR 455 SE FALLON DRIVE 797 NW FAIRHAVEN DRIVE Address: Address: PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition Title: S/T ( ) Delete S/T AVERA, JENNIFER H SEC SWALES, LINDA SEC Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

455 SE FALLON DRIVE

PORT ST LUCIE, FL 34983

SIGNATURE: JEFFREY C WAACK PRES 07/08/2009