

**2008 FOR PROFIT CORPORATION  
REINSTATEMENT**

APPROVED  
AND  
FILED



08 JAN 15 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

fs 1-2008



**REINSTATEMENT** 01-08

<b>DOCUMENT # P06000066995</b>					
1. Entity Name <b>WE BE WORKING, INC.</b>					
Principal Place of Business <b>5006 GULFPORT BLVD. GULFPORT, FL 33706</b>			Mailing Address <b>5006 GULFPORT BLVD. GULFPORT, FL 33706</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>HALE, FRED H 5650 PARK BLVD., SUITE 1 PINELLAS PARK, FL 33781-3354</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>			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	D CRETELLA, DAVID M 11114 69TH AVE. NORTH SEMINOLE, FL 33772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100115192941 01/15/08--01032--008 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			P 1-14-08 727-3233704		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		