

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000009898

Entity Name: WORK ANY PLACE INC.

FILED  
Jul 13, 2009  
Secretary of State

## Current Principal Place of Business:

523 AZINGER CR  
ORLANDO, FL 32824

## New Principal Place of Business:

263 CREEK SIDE WAY  
ORLANDO, FL 32824

## Current Mailing Address:

523 AZINGER CR  
ORLANDO, FL 32824

## New Mailing Address:

263 CREEK SIDE WAY  
ORLANDO, FL 32824

FEI Number: 51-0618957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MALDONADO, ILDEFONSO  
523 AZINGER CR  
ORLANDO, FL 32824 US

## Name and Address of New Registered Agent:

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: ILDEFONSO MALDONADO

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:

Title: D ( ) Delete  
Name: MALDONADO, ILDEFONSO  
Address: 523 AZINGER CR  
City-St-Zip: ORLANDO, FL 32824

Title: P ( ) Delete  
Name: MUNIZ, ROBERT  
Address: 523 AZINGER CR  
City-St-Zip: ORLANDO, FL 32824

Title: VP ( ) Delete  
Name: SANTIAGO, JOEY  
Address: 523 AZINGER CR  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: PEREZ, HUMBERTO  
Address: 1093 SAND CREEK DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: AZITO, GLADYS  
Address: 523 AZINGER CR  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MALDONADO, CYNTHIA  
Address: 523 AZINGER CR  
City-St-Zip: ORLANDO, FL 32824

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ILDEFONSO MALDONADO

D

07/13/2009

Electronic Signature of Signing Officer or Director

Date