## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000029824

Entity Name: WARRIOR TRAINING CAMP, INC.

FILED Oct 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3322 FOXWOOD BLVD

WESLEY CHAPEL, FL 33543 US

**Current Mailing Address: New Mailing Address:** 

3322 FOXWOOD BLVD 12401 FOREST LANE DRIVE WESLEY CHAPEL, FL 33543 US TAMPA, FL 33624 US

FEI Number: 20-8587287 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RIVERA, DEENA L RIVERA, DEENA L 3322 FOXWOOD BLVD 12401 FOREST LANE DRIVE

WESLEY CHAPEL, FL 33543 US TAMPA, FL 33624

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: DEENA L RIVERA 10/27/2008

> 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 Title: (X) Change ( ) Addition

RIVERA, DEENA L Name: Name: RIVERA, DEENA L 3322 FOXWOOD BLVD 12401 FOREST LANE DRIVE Address: Address:

TAMPA, FL 33624 US City-St-Zip: WESLEY CHAPEL, FL 33543 US City-St-Zip:

Title: Title: PD (X) Change ( ) Addition () Delete

RIVERA, OLANDO Name: RIVERA, OLANDO Name:

3322 FOXWOOD BLVD Address: 12401 FOREST LANE DRIVE Address: WESLEY CHAPEL, FL 33543 US TAMPA, FL 33624 US City-St-Zip: 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: OLANDO RIVERA PD 10/27/2008