


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000091699	
1. Entity Name WSR SALES, INC.	

**FILED**  
09 APR -1 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2724 TREYMORE DRIVE ORLANDO, FL 32835 US	Mailing Address 2724 TREYMORE DRIVE ORLANDO, FL 32835 US
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2. Principal Place of Business - No P.O. Box # 9060 LAKE AVON DRIVE	3. Mailing Address 9060 LAKE AVON DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032009 REIN-P CR2E098 (1/07)

City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32829 Country USA	Zip 32829 Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614	7. Name and Address of New Registered Agent Name THE LAW OFFICES OF NICK SPRADLIN, PLLC Street Address (P.O. Box Number is Not Acceptable) 12000 N. DALE MABRY HIGHWAY STE 110 City TAMPA FL Zip Code 33618
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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 <u>NICKOLAS J. SPRADLIN ESQ. CEO</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>03/03/09</u> <small>(NOTE: Registered Agent signature required when reinstating)</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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR THOMPSON, ROBERT H 2724 TREYMORE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR THOMPSON, MARY A 2724 TREYMORE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES THOMPSON, ROBERT H 2724 TREYMORE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, MARY A 2724 TREYMORE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC THOMPSON, MARY A 2724 TREYMORE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA THOMPSON, ROBERT H 2724 TREYMORE DRIVE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>X</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>ROBERT THOMPSON</u> <small>Date</small>	<u>03/03/03</u> <small>Daytime Phone #</small>	<u>407-458-5703</u>
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