


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000046265			
1. Entity Name WAYCOOL, INC.			
Principal Place of Business PO BOX 9 FAIRLESS HILLS, PA 19030 US		Mailing Address % JOHN CALLAGHAN 500 E WASHINGTON AVE NEWTOWN, PA 18940 US	
2. Principal Place of Business		3. Mailing Address 4 TERRY DRIVE STE 7A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NEWTOWN PA	
Zip	Country	Zip	Country
		18940	USA

10252004	REIN-P	CR2E098 (6/04)	MRS
4. FEI Number 65-0427860		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 04 City FL Zip Code	
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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 *Margaret E. Routzahn* MARGARET E. ROUTZAHN 12/1/04
Special Assistant Secretary
(NOTE: Registered Agent signatures required when reinstating.) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, LAURIE PO BOX 9 N/A FAIRLESS HILLS, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042640393 11/10/04--01030--023 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laurie Katz* Nov 5 2004 2159689500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #