

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000034284

Entity Name: WORKMAN GROUP, INC.

FILED
Sep 28, 2005
Secretary of State

Current Principal Place of Business:

3590 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Principal Place of Business:

6450 ANDERSON WAY
MELBOURNE, FL 32940 US

Current Mailing Address:

3590 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

New Mailing Address:

6450 ANDERSON WAY
MELBOURNE, FL 32940 US

FEI Number: 65-0584863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

WORKMAN, DAVID R
6450 ANDERSON WAY
MELBOURNE, FL 32940 US

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: DAVID R. WORKMAN

09/28/2005

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: CEO () Delete
Name: WORKMAN, DAVID H
Address: 3590 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: PRES () Delete
Name: WORKMAN, LYNDIA M
Address: 3590 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP (X) Delete
Name: WORKMAN, D. ROBERT
Address: 3590 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WORKMAN, D. ROBERT
Address: 6450 ANDERSON WAY
City-St-Zip: MELBOURNE, FL 32940 US

Title: PRES (X) Change () Addition
Name: WORKMAN, D. RICHARD
Address: 6450 ANDERSON WAY
City-St-Zip: MELBOURNE, FL 32940 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: D. RICHARD WORKMAN

PRES

09/28/2005

Electronic Signature of Signing Officer or Director

Date