


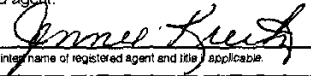
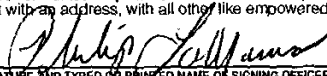
# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 09

DOCUMENT # P96000091214			
1. Entity Name WHAT A BLAST! CORP.			
Principal Place of Business 3727 SOUTH MILITARY TR LAKE WORTH, FL 33463 US		Mailing Address N3727 SOUTH MILITARY TR LAKE WORTH, FL 33463 US	
2. Principal Place of Business 6775 MASSACHUSETTS DR. Suite, Apt. #, etc.		3. Mailing Address 6775 MASSACHUSETTS DR. Suite, Apt. #, etc.	
City & State LANTANA, FLA.		City & State LANTANA, FLA.	
Zip 33462	Country	Zip 33462	Country
11022004 REIN-P		CR2E098 (6/04)	
4. FEI Number 59-3409384		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADELINE, BRYAN S 2017 MAPLEWOOD DRIVE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name JENNIE KREITZ Street Address (P.O. Box Number is Not Acceptable) 441 SO. STATE RD. 7 # 15 City MARGATE FL Zip Code 33068	
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 		DATE 11-2-04	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMANNA, PHILIP 4317 S LANDAR DR STE 7 LAKE WORTH, FL 334638918 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6775 MASSACHUSETTS DRIVE LANTANA, FL 33462
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 700042631937 11/10/04-01025-021 **150.00
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
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: 		DATE 11/5/04 439-3343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	