

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000101820	
1. Entity Name MMWD, INC.	



FILED

05 JUL 18 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 332 2ND ST OAKLAND, CA 94607 US	Mailing Address 332 2ND ST OAKLAND, CA 94607 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142005 REIN-P CR2E098 (6/04)

4. FEI Number 94-3260154	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIFRIT, ROBERT C 2315 AARON STREET PORT CHARLOTTE, FL 33952		Name <u>Thomas South</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>19348 Tamberine Dr</u>	
		City <u>Orlando</u> FL Zip Code <u>32837</u>	

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>Thomas South</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>7/14/05</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	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	D ARKO, FRITZ 33 ESCALON DRIVE MILL VALLEY, CA 94941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000057601600 07/18/05--01039--001 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAJUA, MARGARET 1150 ESTATES DRIVE LAFAYETTE, CA 94549 <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	VCFO KADIE, ROBERT A 332 2ND ST OAKLAND, CA 94607 <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	DS HAGERMAN, DAVID 740 CASTRO STREET SAN FRANCISCO, CA 94114 <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	D MACINTOSH, ROBERT S 225 CONIFER TERRACE DANVILLE, CA 94506 <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	D COURTNEY, RONALD 2141 DOVER COURT WALNUT CREEK, CA 94595 <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: <u>Robert A Kadie, CFO</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>7-14-05</u> Daytime Phone # <u>(510) 286-2284</u>