

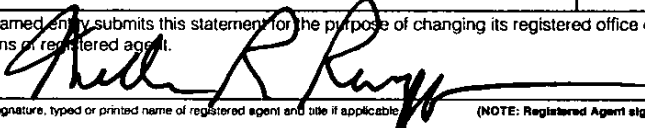
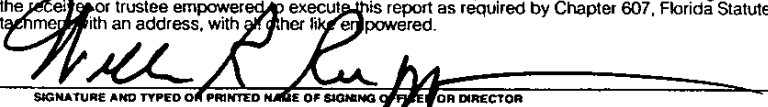


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000017701 1. Entity Name W.R.R. ENTERPRISES, INC.						FILED 05 NOV 29 PM 3:40 SEAL TALLAHASSEE, FL	
Principal Place of Business 407 FRONT STREET KEY WEST, FL 33040				Mailing Address 209 DUVAL STREET KEY WEST, FL 33040			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 407 Front Street		 REINSTATEMENT 2005 11092005 REIN.P CR2E008 (6/04)			
City & State Key West FL		City & State Key West FL					
Zip 33040		Zip 33040					
Country USA		Country USA		4. FEI Number 65-0883334		<input type="checkbox"/> 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 HALPERN, MICHAEL 200 DUVAL STREET KEY WEST, FL 33040			
7. Name and Address of New Registered Agent Name William R. Rupp Street Address (P.O. Box Number is Not Acceptable) 407 Front Street City Key West FL Zip Code 33040				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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 11/16/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUPP, WILLIAM R 407 FRONT STREET KEY WEST, FL 33040 <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	V/D Tracey Anne Rupp 407 Front Street Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D John Douglas Rupp 407 Front Street Key West, FL 33040 <input type="checkbox"/> Change <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/16/05 <small>Date Daytime Phone #</small>			