

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000009139						<p>FILED</p> <p>07 DEC 31 PM 2:33</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>			
1. Entity Name WWJT, INC.				Principal Place of Business P.O. BOX 120443 NEWPORT NEWS, VA 23612 US				Mailing Address P.O. BOX 120443 NEWPORT NEWS, VA 23612 US	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FARBISH, HOWARD J 1320 S. DIXIE HWY. 1061 CORAL GABLES, FL 33146				Name Jorge L. Aldecoa, CPA Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Blvd., Suite 1600 City MIAMI FL Zip Code 33156					
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 12/25/07					
(NOTE: Registered Agent signature required when reinstating)									
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FERNANDEZ, JOHN III			NAME	300113516963				
STREET ADDRESS	P O BOX 120443			STREET ADDRESS	12/31/07--01018--018 **750.00				
CITY-ST-ZIP	NEWPORT NEWS, VA 23612			CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 12/25/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									