

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000015100		
1. Entity Name WOW, INC.		

FILED

2007 OCT 10 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 519 N. FRANKLIN STREET TAMPA, FL 33602	Mailing Address 519 N. FRANKLIN STREET TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box # 2319 E. HILLSBOROUGH AVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 4387 Suite, Apt. #, etc.
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10042007 REIN-P CR2E098 (1/07)

City & State Tampa, FL	City & State Clearwater, FL
Zip 33610	Zip 33758
Country U.S.A	Country USA

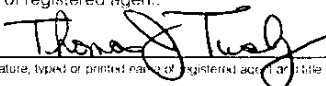
4. FEI Number 59-3557807	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TUCKY, THOMAS J 2319 E. HILLSBOROUGH AVE. TAMPA, FL 33610	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

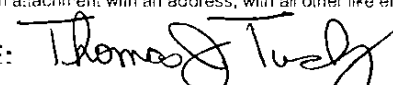
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	10/4/07
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	DP JOSEPH TUCKY, THOMAS 519 N. FRANKLIN ST. TAMPA, FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP Joseph Tucky, Thomas 2319 E. HILLSBOROUGH AVE Tampa, FL 33610 ☒ Change ☐ Addition (new address)
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS KEITH TUCKY, BRIAN 519 N. FRANKLIN ST. TAMPA, FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS KEITH TUCKY, BRIAN 2319 E. HILLSBOROUGH AVE Tampa, FL 33610 ☒ Change ☐ Addition (new address)
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SORIANO, FORTONATO JR 2276 SPRINGFLOWER DRIVE CLEARWATER, FL 33763 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000110808820 10/10/07--01055--014 **158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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: 	10/12
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