

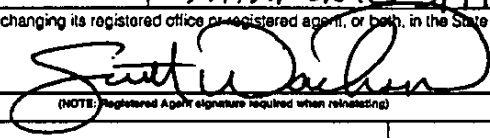
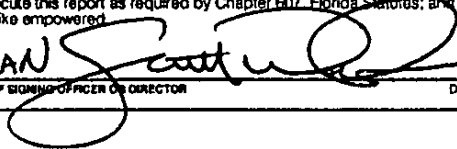
2005 FOR PROFIT CORPORATION REINSTATEMENT

05-03-2005 90125 012 ***308.75

FILED
P99000111918

05 MAY 26 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14015639

DOCUMENT # P99000111918					
1. Entity Name DRUMS AND MORE, INC.					
Principal Place of Business 121 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708			Mailing Address 121 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708		
2. Principal Place of Business 5285 Red Bug Lake Rd		3. Mailing Address 5285 Red Bug Lake Rd			
Suite, Apt. #, etc. SUITE #101		Suite, Apt. #, etc. SUITE #101			
City & State WINTER SPRINGS FL		City & State WINTER SPRINGS FL			
Zip 32708	Country SEMINOLE	Zip 32708	Country SEMINOLE	4. FEI Number 59-3613865	
				Applied For ☐ Not Applicable ☒	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOVORUHK, JOHN T. 121 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name SCOTT WACHSMAN Street Address (P.O. Box Number is Not Acceptable) 502 HERMITS TRAIL City ALTAMONTE SPRINGS FL Zip Code 32701		
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 SCOTT WACHSMAN  4/23/05 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$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	VP WACHSMAN, SCOTT 502 HERMITS TRAIL ALTAMONTE SPRINGS, FL 32701	☐ 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	
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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 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: SCOTT WACHSMAN  4/23/05 407-260-1501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					