2005 FOR PROFIT CORPORATION REINSTATEMENT

05-03-2005 90125 012 ***308.75
P99000111918

FILED
05 MAY 26 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04232005 REIN-P CR2E098 (6/04)

DOCUMENT # P99000111918

1. Entity Name
DRUMS AND MORE, INC.

Principal Place of Business	Mailing Address
121 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708	121 PARTRIDGE CIRCLE WINTER SPRINGS, FL 32708

	2. Principal Place of Business	3. Mailing Address
Address	5285 RED BUG LAKE RD	5285 RED BUG LK RD
Suite, Apt. #, etc.	SUITE #101	SUITE #101
City & State	WINTER SPRINGS FL	WINTER SPRINGS FL
Zip	32708	32708
Country	SEMINOLE	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 [signature] 4/23/05
Signature, typed or printed name of registered agent and title 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 5/26/05
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 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 [signature] 4/23/05 407-260-1501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #