

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG -4 PH 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002762

1. Corporation Name

Worm's Way, Inc.

W08-27766

2. Principal Office Address - No P.O. Box #

7854 North St. Rd. 37

3. Mailing Office Address

Suite, Apt. #, etc.

Attn: Laura Pardue

Suite, Apt. #, etc.

City & State

Bloomington, IN

City & State

Zip

47404

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Ryan Tenuta

Street Address (P.O. Box Number is Not Acceptable)

4402 N. 56th Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

35-1702259

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

Date

7-28-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Martin Heydt	7854 North St Rd 37	Bloomington, IN 47404

600130725036
06/04/08--01015--012 **900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Heydt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/08

Daytime Phone #

812-876-6450

REINSTATEMENT 03-08