


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
04 NOV 12 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000002188					
1. Entity Name WAREHOUSE CONCEPTS, INC.					
Principal Place of Business 10621-A IRON BRIDGE ROAD JESSUP, MD 20794			Mailing Address 10621-A IRON BRIDGE ROAD JESSUP, MD 20794		
2. Principal Place of Business 8869-A Greenwood Place Suite, Apt. #, etc.		3. Mailing Address 8869-A Greenwood Place Suite, Apt. #, etc.			
City & State Savage, MD		City & State Savage, MD		4. FEI Number 52-1838588	
Zip 20763		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURVIN, STEPHEN H 7 SOUTH LIME AVE. SARASOTA, FL 34237			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			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	CP COWLEY, KARA 10621-A IRON BRIDGE ROAD JESSUP, MD 20794	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Susan Walker Cowley 8869-A Greenwood Place Savage, MD 20763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV COWLEY, BEN 10621-A IRON BRIDGE ROAD JESSUP, MD 20794	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV Kevin Cowley 8869-A Greenwood Place Savage, MD 20763	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYER, KATHERINE 10621-A IRON BRIDGE ROAD JESSUP, MD 20794	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042693120 11/12/04--01048--009 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWLEY, KEVIN 10621-A IRON BRIDGE ROAD JESSUP, MD 20794	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten Signature]</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>[Handwritten Signature]</i> SUSAN WALKER COWLEY				Date: 301-470-1355	
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	