


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 723330 1. Entity Name MEDCOM CONDOMINIUM, INC	
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FILED
 05 OCT 14 PH 3: 55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 1445 DUNN AVENUE DAYTONA BCH, FL 32114		Mailing Address 1445 DUNN AVENUE DAYTONA BCH, FL 32114	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	

10122005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-1398883		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DeGracia, Romeo KAVANAUGH, DESMOND J 1445 DUNN AVE DAYTONA BEACH, FL 32114	7. Name and Address of New Registered Agent Name DeGracia, Romeo Street Address (P.O. Box Number is Not Acceptable) 1445 DUNN AVE City Daytona Beach FL Zip Code 32114
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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 *Romeo M. de Gracia* 10/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DEGRACIA, ROMEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060629700
NAME	1445 DUNN AVE	NAME	10/14/05--01058--026 **\$1.25
STREET ADDRESS	DAYTONA BEACH, FL 32114	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWEED, TERESA	NAME	
STREET ADDRESS	1435 DUNN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, DESMOND	NAME	
STREET ADDRESS	1445 DUNN AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>DC 10/18</i>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: *Romeo M. de Gracia* 10/17/05 386.258.0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #