· PLEASE REAL	D ALL INSTRUCT	FIONS BEI	FORE C	OMPLETI -	NG THIS FORM.	(0)	
CORPORATION REINSTATEMENT	(Secretary of State				FILED 07 JAN 18 AM 10: 22		
DOCUMENT # FO 10000017 Y 1  1. Corporation Name				SECRETARY OF STATE FALLAHASSTE, FLORIDA			
Contract Audit & Management Services, Limited, Inc.				600086169006 01/25/0701004024 **900.00			
2. Principal Office Address - No P.O. Box # 1717 N. Bayshore DRiv		I Bayshore Dr Suite		REINSTATEMENT			
Suite, Apt. #, etc. 215	Suite, Apt. #, etc. 215	215		Date Incorporated or Qualified     To Do Business in Florida     2001			
City & State Miami, Florida	Miami, Flor	Miami, Florida		APPLIED FOR  Applied For  Not Applicable			
33132 Country USA	<sup>Zip</sup> 33132	Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		Additional Fee required	
Dennis Bedard  Street Address (P.Q. Box Dumber is Not Acceptable)  Suite, Apt. #, Etc.  Cibriami, Florida 33132  State FL  Zip Code				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.			
8. I, being appointed the registered agent of the signature of Registered Agent	above named corporation, and REGISTERED AGENT MUS			_	on 607.0505 or 617.0503, F.S.	7	
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonc	profit corporations	must list at lea	ast 3 directors)			
Titles Name of Officers and/or Direct	ors		ddress of Each nd/or Director		City / State /	/ Zip	
PR Dennis Bedard	171	7 N. Bay	shore	DRive	Miami, FL 331	32	
Suite 215,							
				·			
		·					
10. I certify that I am an officer or director or the rething reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and residual structures.  SIGNATURE:	dissolution has been eliminate the names of individuals listed	ed, the corporate r d on this form do n ame legal effect as	name satisfies not qualify for a s if made under	the requirements an exemption con	of section 607.0401 or 617.0401 trained in Chapter 119, F.S. The i	1, F.S., that all fees information indicated	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR . BE SAND

DENNIS R. BEDARD

ATTORNEY AT LAW SUITE 215 1717 N. BAYSHORE DR.

MIAMI, FLORIDA 33132

TEL (305) 530-0795 FAX (305) 530-9587 FAX (305) 530-1449

E-MAIL: dennisbedard@bellsouth.net

January 17, 2007

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Contract Audi Management Services Limited, Inc. Document #F01000001741

## Dear Sirs:

I am the vice president and registered agent for the above company. The renewal notices were sent to an address in London, England, that is no longer valid. I am responsible for the affairs of the company and never received notice of the revocation. Enclosed is my check for \$900.00 to re-instate the company. Thank you.

Sincerely,

Dennis R. Bedard