


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741786		
1. Entity Name CENTRAL FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, INC.		

Principal Place of Business P.O. BOX 1017 ORLANDO, FL 32802-1017 US	Mailing Address P.O. BOX 1017 ORLANDO, FL 32802-1017 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State	City & State
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Zip	Country	Zip	Country
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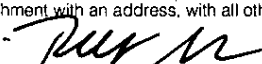
10022007 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCLELLAN, WILLIAM J 638 BROADWAY AVE. ORLANDO, FL 32803		Name Robert S. Larr Street Address (P.O. Box Number is Not Acceptable) 435 N. Orange Ave City Orlando, FL Zip Code 32801	

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 10/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CAKMIS, ROSEMARY 80 H HUGHEY AVE ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert S. Larr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 435 N. Orange Ave Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEHOE, TERRENCE 18 W PINE ST. ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Richard Hornsby <input type="checkbox"/> Change <input type="checkbox"/> Addition 401 N. Mills Street D Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T THOMARKIN, DANIEL 1 SOUTH ORANGE AVE SUITE 304 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Judith Kinney <input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 8004 Sanford, FL 32772-8004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LARR, ROBERT 820 NORTH MAGNOLIA AVE SUITE B5 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DY Michael Nappi <input type="checkbox"/> Change <input type="checkbox"/> Addition 1220 Douglas Ave Ste 207 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHMER, PETER 435 NORTH ORANGE AVE SUITE 400 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE 10/2/07 DAYTIME PHONE # (407) 836-4862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

11/7/07