


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H12129		
1. Entity Name MANAGEMENT AFFILIATES, INC.		

Principal Place of Business 2400 BEDFORD ROAD 2ND FLOOR ORLANDO, FL 32803 US	Mailing Address C/DEBORAH METCALFE 2400 BEDFORD RD 2ND FLOOR ORLANDO, FL 32803 US
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2. Principal Place of Business 111 N. Orlando Ave Suite, Apt. #, etc.	3. Mailing Address 111 N. Orlando Ave. Suite, Apt. #, etc.
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City & State Winter Park, FL Zip 32789 Country USA	City & State Winter Park, FL Zip 32789 Country USA
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FILED
05 NOV 14 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

4. FEI Number 59-2441645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent METCALFE, DEBORAH 2400 BEDFORD ROAD 2ND FLOOR ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent Name Sarah Feb Street Address (P.O. Box Number is Not Acceptable) 111 N. Orlando Ave. City Winter Park FL Zip Code 32789	
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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 <u>Sarah Feb</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Sarah Feb</u> (NOTE: Registered Agent signature required when reinstating)	<u>10/10/05</u> DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD METCALFE, DEBORAH 36627 LAUREL OAKS LN DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOTEN, SCOTT 302 MAGNOLIA OAKS DR. LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEDEL, EUGENE 4773 LAKE CALABAY DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REINER, RICHARD 1816 LOST PINE LANE APOPKA, FL 32712 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIFERT, LEWIS 4029 COOLWATER CT. WINTER PARK, FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian Paradis - President 1051 Oak Point Circle Apopka, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Sarah Feb</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>11-7-05</u> Date	<u>407-975-1494</u> Daytime Phone #
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