

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000012838

1. Entity Name
MASTER MANAGEMENT SERVICES OF CENTRAL FLORIDA, INC.



FILED

04 NOV -3 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1633 EAST VINE ST
SUITE 120
KISSIMMEE, FL 34744**

Mailing Address
**1633 EAST VINE ST
SUITE 120
KISSIMMEE, FL 34744**

2. Principal Place of Business
**611 W. VINE STREET
SUITE N
KISSIMMEE, FL**

3. Mailing Address
**611 W. VINE STREET
SUITE N
KISSIMMEE FL**

City & State
KISSIMMEE, FL

Zip
34741 Country
OSCEOLA



4. FEI Number
59-3621271

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SHAW, MARGARET A
1633 EAST VINE STREET
SUITE 120
KISSIMMEE, FL 34744**

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 MARGARET A. SHAW **MARGARET A. SHAW VICE PRESIDENT** **10/25/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, BRIAN M 1633 EAST VINE STREET SUITE 120 KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042408260 11/02/04--01066--002 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, MARGARET A 1633 EAST VINE STREET SUITE 120 KISSIMMEE, FL 34744 <input 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
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
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
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 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: Brian M. Shaw **BRIAN M. SHAW** **407**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **10/25/04** **846-8555**
Date Daytime Phone #