PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 17 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P01000011816

1. Corporation Name
Professional Management Associates of Central Florida, Inc

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
222 Chestnut Ridge	222 Chestnut Ridge
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs, FL	City & State: Winter Springs, FL
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/31/01

5. FEI Number: 59-3697823 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Peter B. Marion

Street Address (P.O. Box Number is Not Acceptable): 222 Chestnut Ridge ST

Suite, Apt. #, Etc.:

City: Winter Springs, FL State: FL Zip Code: 32708

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Peter B. Marion — Date: 1/13/03
REGISTERED AGENT MUST SIGN

C12E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Peter B Marion	222 Chestnut Ridge	Winter Springs FL 32708
S	Carol D. Marion	222 Chestnut Ridge	Winter Springs, FL 32708

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Peter B. Marion — 1/13/03 — 407 365-1809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #