

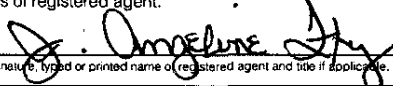
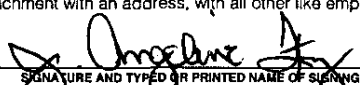


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000129480 1. Entity Name MARNIE SORENSEN & ASSOCIATES, INC.				FILED 04 NOV 19 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 935 ORANGE AVENUE SUITE B WINTER PARK, FL 32789		Mailing Address 935 ORANGE AVENUE SUITE B WINTER PARK, FL 32789		 REINSTATEMENT 2004 10292004 REIN-P CR2E098 (6/04)	
2. Principal Place of Business 935 Orange Avenue		3. Mailing Address			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State			
Zip 32789		Country Orange		4. FEI Number 80-0058063	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRY, J. ANGELINE 935 ORANGE AVENUE SUITE B WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 10-28-04	
(NOTE: Registered Agent signature required when reinstating)					
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	P JOHNSON, MARGARET L 1570 LAKEHURST AVENUE WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRY, J. ANGELINE 5120 ST. GERMAIN AVENUE ORLANDO, FL 32812	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			200042898472 11/19/04--01038--009 **750.00		
SIGNATURE: 			DATE 10-28-04 (321) 231-3171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		