
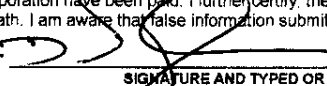


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000007356			
1. Corporation Name ORLANDO Development Enterprises, Inc.			
2. Principal Office Address - No P.O. Box # 529 Reserve DR		3. Mailing Office Address P.O. Box 608003	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State TAVARES, FLA		City & State ORLANDO, F	
Zip 32778	Country USA	Zip 32860	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 12-20-2002			
5. FEI Number 562 308 286 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name WILLIAM McNary			
Street Address (P.O. Box Number is Not Acceptable) 811 ARLINGTON BLVD			
Suite, Apt. #, Etc. -			
City ALTAMONTE SPRINGS		State FL	Zip Code 32701
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 William McNary		Date 2-2-12	
REGISTERED AGENT MUST SIGN			
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
PRES	DAVID Aagaard	529 Reserve DR	TAVARES, 32778
V/PRES	WILLIAM McNary	811 ARLINGTON BLVD	ALTAMONTE SPRINGS, 32701
10. E-mail Address: (To be used for future annual report notification)			
11. I certify that I am an officer or director or 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE: 		DAVID Aagaard	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-2-12	Daytime Phone # 352-742-1064

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -7 AM 2:49

REINSTATEMENT 11-12

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