


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000042547		
1. Entity Name CMA OF ORLANDO INC.		

Principal Place of Business 590 RINEHART RD LAKE MARY, FL 32746 US	Mailing Address 590 RINEHART RD LAKE MARY, FL 32746 US
--	--

2. Principal Place of Business 1061 S. Sun Drive Suite, Apt. #, etc. #1017 City & State LAKE MARY, FL Zip 32746 Country USA	3. Mailing Address 1061 S. Sun Drive Suite, Apt. #, etc. #1017 City & State LAKE MARY Zip 32746 Country USA
--	--

REINSTATEMENT



4. FEI Number 43-2010513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 1111 LINCOLN RD SUITE 400 MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name DARRYL DZIEDZIC Street Address (P.O. Box Number is Not Acceptable) 1061 S. Sun Dr. #1017 City LAKE MARY FL Zip Code 32746
--	---

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 Darryl Dziedzic DARRYL DZIEDZIC 12/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DZIEDZIC, DARRYL 4512 FALLING ACORN CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 138 Wilson Bay Ct SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DZIEDZIC, VANESSA 4512 FALLING ACORN CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY DZIEDZIC, VANESSA 4512 FALLING ACORN CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME AS ABOVE
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 300082777269 12/26/06--01046--017 **150.00
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 K. Eckel DEC 27 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Darryl Dziedzic DARRYL DZIEDZIC 12/19/06 407-333-0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #