



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000055727 1. Entity Name CANEL MANAGEMENT SERVICES, INC.						FILED 07 MAR -5 PM 4:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 619 GENIUS DRIVE WINTER PARK, FL 32789		Mailing Address 619 GENIUS DRIVE WINTER PARK, FL 32789				 REINSTATEMENT 02282007 REIN-P CRZE098 (1/07) 06-07 WOP	
2. Principal Place of Business - No P.O. Box # 556 SOUTH RANGER BLVD.		3. Mailing Address 556 SOUTH RANGER BLVD.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Applicable For <input type="checkbox"/> Not Applicable	
City & State WINTER PARK FLORIDA		City & State WINTER PARK FLORIDA					
Zip 32792		Country ORANGE		Zip 32792		Country ORANGE	
4. FEI Number 51-0502934				5. Certificate of Status Desired \$8:75 Additional Fee Required			
6. Name and Address of Current Registered Agent BADHAM, JULIA O 619 GENIUS DRIVE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name LOURDES M. HAWKINS Street Address (P.O. Box Number is Not Acceptable) 556 SOUTH RANGER BLVD. City WINTER PARK FL Zip Code 32792			
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 <u><i>LOURDES M. HAWKINS</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE 3/2/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$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	P SELLATI, OFELIA 43361 ST. ANDREWS ST. SOUTH RIDING, VA 20152			<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	VP HAWKINS, LOURDES M 556 SOUTH RANGER BLVD WINTER PARK, FL 32792			<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	S-T BADHAM, JULIA O 619 GENIUS DRIVE WINTER PARK, FL 32789			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800093747888 03/19/07--01059--021 **300.00	
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		
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 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: <u><i>LOURDES M. HAWKINS</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/2/2007 <small>Date Daytime Phone #</small>			