2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000069267

FILED Dec 20, 2006 Secretary of State

Entity Name: CONVENIENCE MANAGEMENT OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1700 SE 1 STE 300 DCALA, FI	7TH STREET _ 34471			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
1700 SE 1 STE 300 DCALA, FI	7TH STREET _ 34471			
El Number	20-1077406	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
HAINES, T 125 NE 1S SUITE 1	IM D T AVENUE			
	_ 34470 US			
OCALA, FI		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
OCALA, F The above n the State	named entity		purpose of changing its registere	ed office or registered agent, or both,
OCALA, F The above n the State	named entity e of Florida. RE: _TIM D. H.			ed office or registered agent, or both, Date
OCALA, FI The above n the State	named entity e of Florida. RE: <u>TIM D. H.</u> Electror	AINES		
DCALA, FI The above n the State BIGNATUR Election Car	named entity e of Florida. RE: <u>TIM D. H.</u> Electror	AINES nic Signature of Registered Ag g Trust Fund Contribution().	ent	
DCALA, FI The above In the State BIGNATUF Election Car DFFICER: Value: Address:	named entity of Florida. RE: TIM D. H. Electron Inpaign Financin S AND DIREC	AINES nic Signature of Registered Ag g Trust Fund Contribution (). STORS:) Delete III ST. STE 300	ent	Date
DCALA, FI The above n the State BIGNATUR Election Car	named entity of Florida. RE: TIM D. H. Electron paign Financin S AND DIRECT D (BOYD, ROY T 1700 SE 17TH OCALA, FL 34	AINES nic Signature of Registered Ag g Trust Fund Contribution (). ETORS:) Delete III ST. STE 300 471) Delete FOPHER E ST. STE 300	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY T. BOYD, III D 12/20/2006