

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000073471 1. Entity Name CHERMAK COMPANY				FILED 06 APR 28 PM 2:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 05-06	
Principal Place of Business 2900 MONTICELLO PL #204 ORLANDO, FL 32835		Mailing Address 2900 MONTICELLO PL #204 ORLANDO, FL 32835		 01/05/06 01/07 012 \$ 35.00 01122006 REIN-P CR2E098 (11/05)	
2. Principal Place of Business 9710 Rosemary Ln Suite, Apt. #, etc.		3. Mailing Address 9710 Rosemary Ln Suite, Apt. #, etc.			
City & State Leesburg FL Zip Country 34788 US		City & State Leesburg FL Zip Country 34788 US			
4. FEI Number 20-1052487		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERMAK, MARK J 2900 MONTICELLO PL #204 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Mark Chermak Street Address (P.O. Box Number is Not Acceptable) 9710 ROSEMARY LANE City Leesburg FL Zip Code 34788			
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>Mark Chermak</u> DATE 4-3-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERMAK, MARK J 2900 MONTICELLO PL #204 ORLANDO, FL 32835 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Chermak <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9710 Rosemary Ln Leesburg FL 34788	
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	200074508912 05/12/06--01007--027 **115.00 <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	700074508887 05/12/06--01007--026 **750.00 <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>Mark Chermak</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-3-06 321 662 2304 <small>Date Daytime Phone #</small>		