

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 NOV 28 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000112663430  
11/28/07--01046--010 \*\*908.75

REINSTATEMENT 06-07  
CRZE081 (1/07)

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000074645

1. Corporation Name

**VOLUSIA MANGEMENT, INC.**

2. Principal Office Address - No P.O. Box #  
**900 PENINSULA DR.**

3. Mailing Office Address  
**900 PENINSULA DR.**

Suite, Apt. #, etc.  
**UNIT #114**

Suite, Apt. #, etc.  
**UNIT #114**

City & State  
**DAYTONA BEACH, FLORIDA**

City & State  
**DAYTONA BEACH, FLORIDA**

Zip  
**32118**

Country  
**USA**

Zip  
**32118**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida **05/07/04**

5. FEI Number  
**651225295**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**ROBERT MKRTCHYAN**

Street Address (P.O. Box Number is Not Acceptable)  
**900 PENINSULA DR.**

Suite, Apt. #, Etc.  
**UNIT #114**

City  
**DAYTONA BEACH, FLORIDA**

State Zip Code  
**FL 32118**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **11/26/07**

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
PTSD	ROBERT MKRTCHYAN	900 PENINSULA DR.#114	DAYTONA BEACH, FLORIDA 32118

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]* / Robert MKRTCHYAN / 11/26/07 386 366-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30