


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000105334		
1. Entity Name SFP MANAGEMENT, INC.		

FILED
08 JUN 24 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2209 VALENICA RD. ORLANDO, FL 32803	Mailing Address 2209 VALENICA RD. ORLANDO, FL 32803
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2. Principal Place of Business - No P.O. Box # 603 Raehn St.	3. Mailing Address 603 Raehn St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



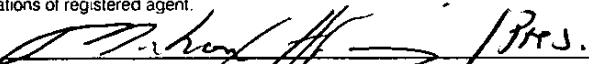
04022008 REINSTATEMENT FEE 98 (1/07) 07-08

City & State Orlando, FL.	City & State Orlando, FL.
Zip 32806	Zip 32806
Country USA	Country USA

4. FEI Number 20-1370636	Applied For <input type="checkbox"/> Not Applicable
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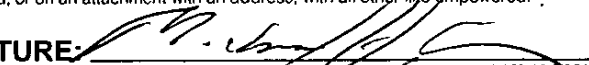
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, MICHAEL H 2209 VALENICA RD. ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name King, Michael H. Street Address (P.O. Box Number is Not Acceptable) 603 Raehn St. City Orlando FL Zip Code 32806
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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  / Pres.	DATE 6/20/08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KING, MICHAEL H 2209 VALENICA RD. ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST King, Michael H. 603 Raehn St. Orlando FL 32806 <input checked="" 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	700131593907 06/23/08--01052--009 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	8/6/24 <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
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 	DATE 6/20/08 DAYTIME PHONE 407 230-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	