## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000124074

City-St-Zip:

FILED Jan 11, 2006 Secretary of State

Entity Name: CONT	FINENTAL CAPITAL MANAGEMENT COP	RP.		
Current Principal Place of Business:		New Principal Place of Business:		
102 WAX MYRTLE LI LONGWOOD, FL 32				
Current Mailing Address:		New Mailing Address:		
P O BOX 915596 LONGWOOD, FL 32	791			
FEI Number: 90-0195444	FEI Number Applied For ( ) FEI N	umber Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
FRAKES, OWEN N 102 WAX MYRTLE LI LONGWOOD, FL 32				
The above named entine the State of Florida		of changing i	ts registered office or registered agent, or both,	
SIGNATURE: OWE	N N. FRAKES			
Elec	tronic Signature of Registered Agent		Date	
	7.193(2)(b), F.S., the corporation did not receivencing Trust Fund Contribution ( ).	e the prior notic	е.	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	OFR () Change (X) Addition FRAKES, OWEN N 102 WAX MYRTLE LN LONGWOOD, FL 32779	
Title: Name: Address:	( ) Delete	Title: Name: Address:	OFR () Change (X) Addition STURGILL, J. SCOTT 102 WAX MYRTLE LN	

City-St-Zip: LONGWOOD, FL 32779

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: OWEN N. FRAKES **OFR** 01/11/2006