## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000073956

Entity Name: FLORIDA RENTAL OPTIONS, INC.

FILED Oct 22, 2007 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
800 CELEBRATION AVENUE				7901 KINGSPOINTE PARKWAY	
#227 CELEBRATION, FL 34747 US				SUITE 30 ORLANDO, FL  32819     US	
Current Mailing Address:			New Mai	New Mailing Address:	
800 CELEBRATION AVENUE			205 S. DIXIE DRIVE		
#227 CELEBRATION, FL 34747 US			#2001 HAINES CITY, FL 33844 US		
FEI Number: 45-0544101 FEI Number Applied For ( )		FEI Number Not Ap	pplicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name an	nd Address of New Registered Agent:	
LAVIGNE, JAMES R 7087 GRAND NATIONAL DRIVE 100 ORLANDO, FL 32819 US			3560 CR	WOFFORD, RAY 3560 CRUMP ROAD WINTER HAVEN, FL 33881 US	
	named entity s of Florida.	ubmits this statement for the	purpose of changing	g its registered office or registered agent, or both,	
SIGNATURE: RAY WOFFORD				10/22/2007	
	Electron	ic Signature of Registered Ag	ent	Date	
		8(2)(b), F.S., the corporation did n Trust Fund Contribution ( ).	ot receive the prior not	tice.	
	S AND DIRECT	` '	ADDITIO	ONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () SMITH, LISA J 2950 CRUMP R WINTER HAVEN		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VSD () WOFFORD, XIO 14827 LYMINGT ORLANDO, FL	TON CIRCLE	Title: Name: Address: City-St-Zip:	STD (X) Change ( ) Addition WOFFORD, XIOMARA 3560 CRUMP ROAD : WINTER HAVEN, FL 33881 US	
Title: Name: Address: City-St-Zip:	T () SHEPHERD, KII 10515 CASPAR ORLANDO, FL	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition WOFFORD, ERNEST RAY 3560 CRUMP ROAD : WINTER HAVEN, FL 33881 US	

I hereby certify that the information supplied with this filing does not qualify 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: ERNEST RAY WOFFORD V 10/22/2007