

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 11 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PP93000080369

Corporation Name

CFMBEAA, INC.

700005449287--4

-05/03/02--01021--011

***1200.00 ***1200.00

2. Principal Office Address

2607 S. Woodland Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

380 South SR 434

Suite, Apt. #, etc.

1004

City & State

Deland, Florida

City & State

Altamonte Springs, FL

Zip

32720

Country

USA

Zip

32714

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/15/1993

5. FEI Number

59-3107989

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

~~WILLIAM C. MALONE IV~~
Street Address (P.O. Box Number is Not Acceptable)
827 Mendez Court

Suite, Apt. #, Etc.

Kenneth B. Wheeler

1155 Louisiana Ave, Ste 100

City

Orlando Winter Park

State

FL

Zip Code

32789

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

Kenneth B. Wheeler

REGISTERED AGENT MUST SIGN

Date

4/8/02

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
P	William Hendrickson	2607 S. Woodland Blvd.	Deland, FL 32720
VPP	Scott Oates Oates	2200 Winter Springs Blvd	Oviedo, FL 32765
SS	Renata Gwiazda	380 South SR 434, #1004	Altamonte Springs, FL
T	Mona Halpenny	5224 W. State Road 46	Sanford, FL 32771

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 under section 119.07(3)(i), 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:

Renata Gwiazda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
Date

407-682-3900
Daytime Phone #