2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000080369

1. Entity Name
CFMBEAA, INC.

FILED
05 JUL -8 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07052005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
2200 WINTER SPRINGS BLVD OVIEDO, FL 32765	4327 S. HWY 27 CLERMONT, FL 34711 US

2. Principal Place of Business	3. Mailing Address
16877 E. Colonial Dr.	16877 E. Colonial Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32820 Country: US.	Zip: 32820 Country: US

4. FEI Number: 59-3107989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYER, ADRIAN J 4327 S. HWY 27 CLERMONT, FL 34711	Name: Shaginaw, Michael A. Street Address (P.O. Box Number is Not Acceptable): 16877 E. Colonial Dr. City: Orlando FL Zip Code: 32820

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: Michael A Shaginaw Michael A. Shaginaw 05July2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OATES, SCOTT 2200 WINTER SPRINGS BLVD. OVIEDO, FL 32765	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Shaginaw, Michael A. 16877 E. Colonial Dr. Orlando, FL 32820	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAYER, ADRIAN J 4327 S. HWY 27 CLERMONT, FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mahon, Ed. 4250 Alafaya Trl Ste 212 Oviedo, FL 32765	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALPENNY, MONA 5224 W. STATE ROAD 46 SANFORD, FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Harker, Vaughn 3235-B Garden ST Titusville, FL 32796	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D'AVI, FRANCIS 3810 MURRELL ROAD ROCKLEDGE, FL 32955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Rosencrans, Regina 10151 University Blvd. Orlando, FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500057217535 07/08/05--01036--005 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/7/14	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael A Shaginaw 05July2005 4075689401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #