

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 DEC 29 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080923

1. Corporation Name

Center for Aggression Management, INC.

REINSTATEMENT 09-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

905 Lotus Vista Drive, Suite 302

3. Mailing Office Address

P.O. Box 2395

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

City & State

Altamonte Springs, Florida

City & State

Winter Park, FL 32790

Zip

32714

Country

Seminole

Zip

32790

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number
59-3234359

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
John D. Byrnes

Street Address (P.O. Box Number is Not Acceptable)
905 Lotus Vista Drive, Suite 302

Suite, Apt. #, Etc.
302

City
Altamonte Springs

State Zip Code
FL 32714

12/29/10--01009--002 **900.00

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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

REGISTERED AGENT MUST SIGN

Date 12-28-2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	John D. Byrnes	905 Lotus Vista Drive, Suite 302	Altamonte Springs

12/29

10. E-mail Address: JohnByrnes@AggressionManagement.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-2010 407-718-5637

Date

Daytime Phone #