

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 1:59

DOCUMENT #

PA6000090915

1. Corporation Name *Capital Management Alliance, Inc.*

2. Principal Office Address

369 Sprucewood CT

3. Mailing Office Address

369 Sprucewood CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary, FL

Zip

32746

Country

US

Zip

32746

Country

USA

REINSTATEMENT *DU*

4. Date Incorporated or Qualified
To Do Business in Florida

5/1995

5. FEI Number

593413508

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

NANCY HECHT-FARACCHIO

Street Address (P.O. Box Number is Not Acceptable)

2180 W. STARD RD 434, #1150

600003496446-4

Suite, Apt. #, Etc.

Longwood

12/12/00 01023 003

*****750.00 ****750.00*

City

Longwood

State
FL

Zip Code

32779

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

Nancy Hecht Faracchio
REGISTERED AGENT MUST SIGN

Date

11/9/00

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
<i>PRES.</i>	<i>DEAN A. FARACCHIO</i>	<i>369 Sprucewood CT.</i>	<i>Lake Mary, Florida 32746</i>

AR 12/9

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:

Dean A. Faracchio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/00

Daytime Phone #

*807
835 0704*