

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 NOV -8 PM 12: 56


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

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11/22/05--01066--015 **900.00

REINSTATEMENT 04-05

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079722

1. Corporation Name

Central Florida Capital Enterprises, Inc.

2. Principal Office Address

5650 Lake Grove Dr.

3. Mailing Office Address

5650 Lake Grove Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33809

Country

USA

Zip

33809

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

9/11/97

5. FEI Number

59-3469232

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

Stephen H. Artman

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

925 South Florida Avenue

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code
33803

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

Handwritten signature of Stephen H. Artman

Date 11/7/05

REGISTERED AGENT MUST SIGN

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	Patrick Spence	5650 Lake Grove Dr.	Lakeland, FL 33809
CEO	Frank Petersilie	5650 Lake Grove Dr.	Lakeland, FL 33809

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/05 863/688-5252

Date

Daytime Phone #