


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P99000109558**

1. Entity Name  
MICHAEL DEHLINGER & ASSOCIATES, INC.



Principal Place of Business: ~~1023 13TH ST ST CLOUD, FL 34769~~

Mailing Address: ~~1023 13TH ST ST CLOUD, FL 34769~~

2. Principal Place of Business: 433 E Michigan St

3. Mailing Address: 433 E Michigan St

Suite, Apt. #, etc.:

City & State: ORLANDO FL


City & State: Orlando FL

Zip: 32806 Country: Orange

Zip: 32806 Country: Oranger

FILED

06 OCT 16 2006 7:35



REINSTATEMENT

Applied For:  (11/05) Do

Not Applicable:

4. FEI Number: 59-3615176

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEHLINGER, MICHAEL  
~~1023 13TH ST ST CLOUD, FL 34769~~

433 E Michigan St  
Orlando FL 32806

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): 433 E Michigan St

City: Orlando FL Zip Code: 32806

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 Dehlinger DATE: 10/12/6

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

**FILE NOW!!! FEE IS \$150.00**  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: _____ NAME: DEHLINGER, MICHAEL STREET ADDRESS: <del>1023 13TH ST ST CLOUD, FL 34769</del> <u>433 E Michigan St</u> CITY-ST-ZIP: <del>ST CLOUD, FL 34769</del> <u>Orlando FL 32806</u>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Dehlinger DATE: 10/12/6 DAYTIME PHONE #: 407-839-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR