2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 577324

1. Entity Name
PARRAN PROPERTIES, INC.

FILED
06 DEC 26 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

Principal Place of Business	Mailing Address
6119 CALLAGHAN ROAD SAN ANTONIO, TX 78228 US	P O BOX 40279 SAN ANTONIO, TX 78229 US

07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1808145
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM L JR.
200 REID ST.
PALATKA, FL 32177

DO NOT WRITE IN THIS SPACE

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 for reinstatement: X [signature] X 12/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
William L. Townsend, Jr Registered Agent

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHEELE, EDGAR VON JR.
STREET ADDRESS	6119 CALLAGHAN RD
CITY-ST-ZIP	SAN ANTONIO, TX 78228
TITLE	VP
NAME	WRIGHT, W. L.
STREET ADDRESS	6119 CALLAGHAN RD
CITY-ST-ZIP	SAN ANTONIO, TX 78228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000080692880
10/10/06--01068--005 **150.00

000080692880
10/30/06--01048--024 **600.00

DO NOT WRITE IN THIS SPACE

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: Edgar Von Scheele 9/29/06 2106806112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 12/26