


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F97000003905</b> 1. Entry Name <b>ONITY INC.</b>	
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FILED  
 09 OCT 12 PM 3: 26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>2232 NORTHMONT PARKWAY                  DULUTH, GA 30096 US</b>	Mailing Address <b>2232 NORTHMONT PARKWAY                  DULUTH, GA 30096 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09292009 REIN-P CR2E098 (1/07)

4. FEI Number <b>51-0346174</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2010, 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	P <input type="checkbox"/> Delete
NAME	<b>GORDON, MARK</b>
STREET ADDRESS	<b>2232 NORTHMONT PARKWAY</b>
CITY-ST-ZIP	<b>DULUTH, GA 30096</b>
TITLE	S <input type="checkbox"/> Delete
NAME	<b>JOHNSON-BAILEY, DWINETTE</b>
STREET ADDRESS	<b>2100A NANCY HANKS DRIVE</b>
CITY-ST-ZIP	<b>NORCROSS, GA 30071</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>FOLSOM, HAROLD</b>
STREET ADDRESS	<b>9 FARM SPRINGS ROAD</b>
CITY-ST-ZIP	<b>FARMINGTON, CT 06032</b>
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	<b>GILLIS, DUNCAN</b>
STREET ADDRESS	<b>9 FARM SPRINGS ROAD</b>
CITY-ST-ZIP	<b>FARMINGTON, CT 06032</b>
TITLE	T <input type="checkbox"/> Delete
NAME	<b>WEAVER, JAY</b>
STREET ADDRESS	<b>2232 NORTHMONT PARKWAY</b>
CITY-ST-ZIP	<b>DULUTH, GA 30096</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Vice President (V) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Oliver</b>
STREET ADDRESS	<b>2232 Northmont Pkwy</b>
CITY-ST-ZIP	<b>Duluth GA 30096</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Jay Weaver **JAY WEAVER** 9/30/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

400161606534  
 10/12/09--01020--007  Change  Addition  
**REINSTATEMENT 2009**  
*JC 10/12*