


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000104511</b> 1. Entity Name <b>MARION PROPERTIES, INC.</b>	
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FILED

06 JAN 17 PM 12:30

RECEIVED  
STATE  
TALLAHASSEE



01072006 REIN-P CR2E098 (11/05)

Principal Place of Business <b>2300 S PINE AVE ORLANDO, FL 34471</b>	Mailing Address <b>2300 S PINE AVE ORLANDO, FL 34471</b>
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2. Principal Place of Business <b>311 NE 47<sup>TH</sup> COURT</b> Suite, Apt. #, etc.	3. Mailing Address <b>311 NE 47<sup>TH</sup> COURT</b> Suite, Apt. #, etc.
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City & State <b>OCALA, FLORIDA</b>	City & State <b>OCALA, FLORIDA</b>
Zip <b>34470</b>	Zip <b>34470</b>
Country <b>UNITED STATES</b>	Country <b>UNITED STATES</b>

4. FEI Number <b>20-1420917</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STEIN, GLENN 2300 S PINE AVE ORLANDO, FL 34471</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>311 NE 47<sup>TH</sup> COURT</b>  City <b>OCALA</b> FL Zip Code <b>34470</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STEIN, GLENN</b> <b>2300 S PINE AVE</b> <b>ORLANDO, FL 34471</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GLENN STEIN</b> <b>311 NE 47<sup>TH</sup> COURT</b> <b>OCALA, FLORIDA 34470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600065286516</b> <b>02/06/06--01057--005 ***300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>00000000000000000000</b> <b>02/02/06--01057--005 ***300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Glenn Stein Date: \_\_\_\_\_ Daytime Phone #: **(352)-624-2383**