


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 444728</b>		
1. Entity Name <b>PRINGLE ENTERPRISES, INC.</b>		

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 13 AM 11:19

Principal Place of Business <b>6385 S MILITARY TRAIL LAKE WORTH, FL 33463-7299 US</b>	Mailing Address <b>6385 S MILITARY TRAIL LAKE WORTH, FL 33463-7299 US</b>
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**REINSTATEMENT** *06*



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10112006 REIN-P CR2E098 (11/05)

4. FEI Number <b>59-1526460</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PRINGLE, EDWARD J. 6385 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463</b>		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 *X Edward J. Pringle*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINGLE, EDWARD J			NAME			
STREET ADDRESS	4395 REDDING RD			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH., FL 33436			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINGLE, CAROL L			NAME			
STREET ADDRESS	7146 THOMPSON ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINGLE, FAYE C			NAME			
STREET ADDRESS	4395 REDDING ROAD			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**600080829706**  
10/13/06--01048--008 \*\*150.00

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: *X Edward J. Pringle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-06

# 561-967-4373

Date *CAROL* Daytime Phone #