

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 691454 1. Entity Name PLYMEL REALTY, INC.						FILED 2008 JAN 31 AM 9:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2880 AURORA ROAD MELBOURNE, FL 32935 US				Mailing Address 2880 AURORA ROAD MELBOURNE, FL 32935 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PLYMEL, DONALD L 2087 SARNO ROAD MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Brian Herndon Street Address (P.O. Box Number is Not Acceptable) 1971 SE Port St. Lucie Blvd City Port St. Lucie FL Zip Code 34952			
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 [Signature] <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 1/28/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$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 PD <input type="checkbox"/> Delete NAME PLYMEL, SUSAN M STREET ADDRESS 2087 SARNO RD CITY-ST-ZIP MELBOURNE, FL 32935				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2880 Aurora Road STREET ADDRESS Melbourne, FL 32935 CITY-ST-ZIP			
TITLE VPS <input type="checkbox"/> Delete NAME PLYMEL, DONALD L STREET ADDRESS 2087 SARNO ROAD CITY-ST-ZIP MELBOURNE, FL				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2880 Aurora Road STREET ADDRESS Melbourne, FL 32935 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete 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: [Signature] DONALD L. PLYMEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-28-08 Daytime Phone # 321-242-0333			

B. Mitchell JAN 31 2008