


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000007012		
1. Entity Name COMMUNITAS, INC.		

Principal Place of Business 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063	Mailing Address 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063
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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

FILED
07 OCT 17 PM 2:54
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4 City Weston FL Zip Code 33334	
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 <i>Tinieda, Assistant Secretary</i> Signature, typed or printed name of registered agent and title if applicable		DATE 10/11/07 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DIETRICH, ORLO L JR 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Joseph A. Pascullo 8500 Freeport Parkway South, Suite 400 Irving, TX 75063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCABE, MICHAEL JAMES JR 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michael Steven DeCarlo 4064 Colony Road, Suite 450 Charlotte, NC 28211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMARO, RICHARD 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Scott M. Purviance 4064 Colony Road, Suite 450 Charlotte, NC 28211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, JOE T 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S Angela N. Higbea 4064 Colony Road, Suite 450 Charlotte, NC 28211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BARRY M 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Samuel H. Fleet 16 International Way Warwick, RI 02886 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, THOMAS K 8500 FREEPORT PKWY SOUTH STE 400 IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7/10/18 700110914057 10/17/07--01063--018 **750.00 <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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10/16/07 Daytime Phone #