2005 FOR PROFIT CORPORATION

REINSTA	TEMENT			FIL.
DOCUMENT # P0300008992 1. Entity Name PREMIER OCALA PROPERTIES, INC.			O5 SEChe	FILED NOV 28 AM II: 19
Principal Place of Business DELETE 138 RAIM COAST RARKWAY, N.E. BOX #334. PAINT COAST, FLX 2213 R.	Mailing Address 138 PALMICOAST PARKA BAX #334 BALM 8048 IF, FLX 8 213	·	TIND I A I LIW	15 NOV 3 0 2005
Principal Place of Business 2100 SE 73rd Loop Suite Apt. #, etc.	3. Mailing Address 2100 SE 73rd Suite, Apt. #, etc.	Loop		<u> </u>
City & State	City & State	1 -	11102005 REIN-P 4. FEI Number	CR2E098 (6/04) Applied For
Ocala, Florida Zip Country 34470 USA	Ocala, Florio	Country USA	81-0592680 5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Digvijay Gaekwad Street Address (P.O. Box Number is Not Acceptable) 2100 SE 73rd Loop				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00				
10. OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TITLE PT NAME GAEKWARD, DIGUIJAY STREET ADDRESS 2319 SE 30TH PL OCALA, FL 34471	□ Delete	STREET ADDRESS 210	kwad, Digvijay O SE 73rd Loop 1a, FL 34470	☐ Change ☐ Addition
TITLE VS NAME O'RELLY, LAWRENCE P STREET ADDRESS 146 ISLAND ESTATES PKWY PALM COAST, FL 32137	X	NAME Gae STREET ADDRESS 210	kwad, Digvijay O SE 73rd Loop 1a, FL 34470	☐ Change K Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40006: 11/28/05010	□ Change □ Addition 1732254 161010 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone 4				