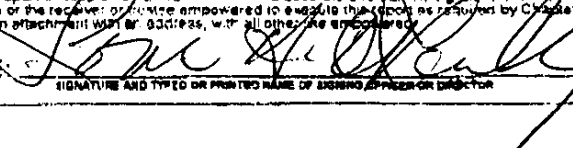


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT -9 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000072920			
1. Entity Name S & L PROPERTY DEVELOPERS, INC.			
Principal Place of Business 28145 DEEDRA DRIVE WESLEY CHAPEL, FL 33544		Mailing Address 28145 DEEDRA DRIVE WESLEY CHAPEL, FL 33544	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent O'REILLY, LONA A 28145 DEEDRA DRIVE WESLEY CHAPEL, FL 33544		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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 and typed or printed name of registered agent and his or her authorized representative (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		In accordance with s. 607.103(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 NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete O'REILLY, LONA A 28145 DEEDRA DRIVE WESLEY CHAPEL, FL 33544	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 400110527234 10/09/07--01023--016 **\$150.00
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
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
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 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. Attach an attachment with an address, with all other, the enclosed.			
SIGNATURE 		Date 10.1.07 813 991-5568	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR		Date	

B. Mitchell OCT 10 2007