2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000063380

1. Entity Name
FLORIDA PROPERTIES AND INVESTMENT SERVICES, INC.

FILED
06 MAY 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
174 HOLDERNESS DR. LONGWOOD, FL 32779	174 HOLDERNESS DR. LONGWOOD, FL 32779

REINSTATEMENT 05272006 REIN-P CR2E098 (11/05) 05:06

2. Principal Place of Business	3. Mailing Address
800 PAUL ST.	800 PAUL ST.
Suite, Apt. #, etc.: SUITE B	Suite, Apt. #, etc.: SUITE B
City & State: ORLANDO FL.	City & State: ORLANDO FL
Zip: 32808 Country: U.S.A ORANGE	Zip: 32806 Country: USA

4. FEI Number: 30-0245325 ☐ Applied For ☐ Not Applicable

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
HARICHAND, KARAMCHAND 174 HOLDERNESS DR. LONGWOOD, FL 32779	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: KARAMCHAND HARICHAND DATE 5/27/06
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARICHAND, KARAMCHAND 6987 HYLAND OAKS DR. ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800075972658 06/08/06--01008--004 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILLETTE, ANGELEA V 6987 HYLAND OAKES DR. ORLANDO, FL 32779	☐ 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	5/16/6 ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELEA GILLETTE KARAMCHAND HARICHAND 5/31/06 321.332.5889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #