## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000096094

Entity Name: AURORA VISTA PROPERTIES, INC.

FILED Nov 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O CARLOS M. COLOMBO,ATTY

315 E ROBINSON ST STE 600

ORLANDO, FL 32801

EXCLUSIVE VILLAS FLORIDA
14717 DAY LILY CT
ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

C/O CARLOS M. COLOMBO,ATTY
315 E ROBINSON ST STE 600
ORLANDO, FL 32801

EXCLUSIVE VILLAS FLORIDA
14717 DAY LILY CT
ORLANDO, FL 32824

FEI Number: 20-1385223 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLOMBO, CARLOS M ESQ.

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

315 E ROBINSON ST STE 600

ORLANDO, FL 32801 US

COXON, LEONARD
2130 MALLORY CCL
HAINES CITY
FLORIDA, FL 33844 US

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.

SIGNATURE: LEN COXON 11/26/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 COXON, DARREN
 Name:
 COXON, DARREN

 Address:
 C/O CARLOS M. COLOMBO,ATTY
 Address:
 14717 DAY LILY CT

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN COXON MR 11/26/2007