


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000152595		
1. Entity Name PREFORECLOSURE COACH, INC.		

FILED  
2008 JAN 25 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08  
01/25/2008 REIN-P CR2E098 (1/07)

Principal Place of Business 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110	Mailing Address 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110
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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

4. FEI Number 20-1855818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TEWIS, RYAN 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110	
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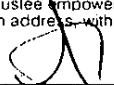
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete TEWIS, RYAN 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete WHITED, ANGELA 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete WHITED, CLAUDE 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete WHITED, TINA 2338 IMMOKALEE ROAD STE 300 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300116030543 01/25/08--01003--007 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 	Date: 1/17/07 Daytime Phone: #

B. Mitchell JAN 25 2008