


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000007032		
1. Entity Name S. A. TITLES, INC.		

FILED
06 OCT 23 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3500 MILLRACE CT. ORLANDO, FL 32822	Mailing Address 3500 MILLRACE CT. ORLANDO, FL 32822
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2. Principal Place of Business 3500 MILLRACE CT. Suite, Apt. #, etc.	3. Mailing Address 3500 MILLRACE CT. Suite, Apt. #, etc.
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10062006 REIN-P CR2E098 (11/05) 06

City & State Orlando FL	City & State Orlando FL	4. FEI Number 251907906	Applied For Not Applicable
Zip 32822	Country	5. Certificate of Status Desired X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMAYA, ESTELA 3500 MILLRACE CT. ORLANDO, FL 32822		7. Name and Address of New Registered Agent Name Estela Amaya Street Address (P.O. Box Number is Not Acceptable) 3500 Millrace Ct City Orlando FL Zip Code 32822	
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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 Estela Amaya Director 16-19-06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. AMAYA, SERGIO C SR. 3500 MILLRACE CT. ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000081124680 10/23/06--01062--019 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000081124680 10/23/06--01062--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: [Signature] 10/19/06
Signature and typed or printed name of signing officer or director Date Daytime Phone #