


2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
06 OCT 20 AM 8:25

DOCUMENT # P05000023046
Entity Name
PRECISE MORTGAGE PROCESSING, INC.



Principal Place of Business
**635 MARION OAKS BLVD
OCALA, FL 34473**

Mailing Address
**P.O BOX 771564
OCALA, FL 34476**

REINSTATEMENT



2. Principal Place of Business
5320 Sw 116th Place

3. Mailing Address
Suite, Apt. #, etc.

10182006 REIN-P CR2E098 (11/05)

City & State
Ocala FL

City & State

Zip
34476

Country
Marion

Zip

Country

4. FEI Number
42-1687378

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DURNING, BRYON L JR
635 MARION OAKS BLVD
OCALA, FL 34473**

7. Name and Address of New Registered Agent

Name
Byron Durning

Street Address (P.O. Box Number is Not Acceptable)
5320 sw 116th Place

City
Ocala

FL Zip Code
34476

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 *Byron Durning* **Byron Durning President** 10-17-06
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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	DURNING, BYRON L JR	PO BOX 741	BELLEVUE, FL 34421	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		500081084875	10/20/06--01065--016	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Byron Durning* **Byron Durning** 10-17-06 352-694-0602
Signature and typed or printed name of signing officer or director Date Daytime Phone #