2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000133555

City-St-Zip: CAPE CORAL, FL 33904

FILED Oct 09, 2007 Secretary of State

Entity Na	me: PRICE KI	NG DEVELOPMENT CORPO	RATION		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1627 SW 19 TERRACE CAPE CORAL, FL 33991			5220 SW 19TH AVE CAPE CORAL, FL 33	5220 SW 19TH AVE CAPE CORAL, FL 33914	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1627 SW 19 TERRACE CAPE CORAL, FL 33991			5220 SW 19TH AVE CAPE CORAL, FL 33	5220 SW 19TH AVE CAPE CORAL, FL 33914	
FEI Number	: 20-3510387	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GALEWSKI, STANLEY J 201 E KENNEDY BLVD 412 TAMPA, FL 33602 US			PHILLIPS, PAUL 5220 SW 19TH AVE CAPE CORAL, FL 33		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: PAUL PHILLIPS				10/09/2007	
	Electror	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (X MEARS, LINDA 135 SEVILLE C FT MITCHELL,	т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BATE, SANDRA	EN AVE SUITE 220	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () FESTIAN, KAY	Delete	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PAUL PHILLIPS 10/09/2007 RΑ