

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -4 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10022006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000148406 1. Entity Name PRINCE MORTGAGE INVESTMENTS CORP			
Principal Place of Business 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792		Mailing Address 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792	
2. Principal Place of Business 7523 Aloma Avenue Suite, Apt. #, etc. STE 100 City & State Winter Park, FL Zip 32792		3. Mailing Address 7523 Aloma Avenue Suite, Apt. #, etc. STE 100 City & State Winter Park, FL Zip 32792	
4. FEI Number 20-3649385		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 PHILLIP, SHARLENE P 5355 GOLDENWOOD DR ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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	P PRINCE-PHILLIP, SHARLENE 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792 <div style="text-align: right;">80%</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080463164 10/04/06--01039--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINCE-BATTEN, JOSEPH 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792 <div style="text-align: right;">10%</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRINCE-PHILLIP, JOSMYN 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792 <div style="text-align: right;">5%</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, JOSUAN 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792 <div style="text-align: right;">5%</div>	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"/> Delete	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"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/29/06 <small>Daytime Phone #</small>	

10/4/06