

**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		3. Mailing Address 7523 Aloma Avenue Suite, Apt. #, etc. STE 100
City & State Winter Park, FL		City & State Winter Park, FL
Zip 32792	Country USA	Zip 32792
		Country USA

4. FEI Number 20-3649385	Applied For 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 FL Zip Code	
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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: *Sharon Phillips* DATE: 9/29/06

(NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080463164 10/04/06--01039--018 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRINCE-BATTEN, JOSEPH 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792	<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	S PRINCE-PHILLIP, JOSMYN 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792	<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	D PRINCE, JOSUAN 7523 ALOMA AVE SUITE 209 WINTER PARK, FL 32792	<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
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: *Sharon Phillips* DATE: 9/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/06