


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000153807		
1. Entity Name PROPERTY HUNTERS, INC.		

FILED

2006 NOV -7 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17420 SW 267TH LANE HOMESTEAD, FL 33031	Mailing Address 17420 SW 267TH LANE HOMESTEAD, FL 33031
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2. Principal Place of Business 13201 W. Hwy 326 Suite, Apt. #, etc.	3. Mailing Address 13201 W. Hwy 326 Suite, Apt. #, etc.
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City & State Ocala, FL	City & State Ocala, FL	4. FEI Number 20-3977865	Applied For <input type="checkbox"/> Not Applicable
Zip 34482	Country Marion	Zip 34482	Country Marion

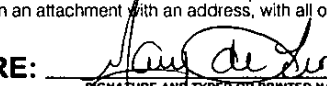
11052006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent DELEON, ARNOLD 17420 SW 267TH LANE HOMESTEAD, FL 33031		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13201 W. Hwy 326 City Ocala FL Zip Code 34482	
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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  Signature, type, or printed name of registered agent and title if applicable.	DATE 11/3/06 (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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEON, ARNOLD 17420 SW 267TH LANE HOMESTEAD, FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081593138 11/07/06--01051--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELEON, MARY 17420 SW 267TH LANE HOMESTEAD, FL 33031 <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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 11/3/06 Daytime Phone #