


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000151027		
1. Entity Name PLYMEL MANAGEMENT CORPORATION		

Principal Place of Business 2880 AURORA ROAD MELBOURNE, FL 32953	Mailing Address 2880 AURORA ROAD MELBOURNE, FL 32953
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BIRAN C. HERNDON, PA 8418 S US HWY 1 LAKES PLAZA PORT ST LUCIE, FL 34952	

7. Name and Address of New Registered Agent	
Name <u>BIRAN HERNDON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1971 SE Port St. Lucie Blvd</u> City <u>Port St. Lucie</u> FL Zip Code <u>34952</u>	

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] DATE 1/28/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	DP PLYMEL, DONALD 2880 AURORA ROAD MELBOURNE, FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300116579773 01/31/08--01035--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PLYMEL, SUSAN 2880 AURORA ROAD MELBOURNE, FL 32935 <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
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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: Donald L Plymel DATE 1-28-08 DAYTIME PHONE # 321-242-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell JAN 31 2008

FILED
2008 JAN 31 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
0.1282008/ REIN:P CR2E098 (1/07) 107F08