


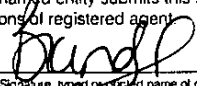
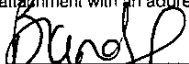


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000008939 1. Entity Name PREMIER TITLE & ABSTRACT, INC.						FILED 05 OCT -5 PM 4:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
Principal Place of Business 101 SUNNYTOWN RD. #101 CASSELBERRY, FL 32707 US		Mailing Address 101 SUNNYTOWN RD. #101 CASSELBERRY, FL 32707 US				 REINSTATEMENT 2005 <small>10/27/2005 10:00:00 AM</small>									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.													
City & State		City & State													
Zip Country		Zip Country		4. FEI Number 59-3169051		<input type="checkbox"/> 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				7. Name and Address of New Registered Agent							
HEDGES, RONALD E 101 SUNNYTOWN RD. #101 CASSELBERRY, FL 32707				Name BRANDY WILLIAMS				Street Address (P.O. Box Number is Not Acceptable) 101 SUNNYTOWN ROAD, SUITE 101							
				City CASSELBERRY				State FL							
				Zip Code 32707											
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 				TRUSTEE				9-27-05							
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>															
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00															
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HEDGES, RONALD 101 SUNNYTOWN ROAD, SUITE 101 CASSELBERRY, FL 32707		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TRUSTEE BRANDY WILLIAMS 101 SUNNYTOWN ROAD, SUITE 101 CASSELBERRY, FL 32707		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		600060203866 10/04/05--01010--003 **750.00		<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 exemption stated in Section 119.07(3)(i), 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: 				BRANDY WILLIAMS				9-27-05				407-831-4844			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>															