


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000090692		
1. Entity Name COM-IND PROPERTIES, INC.		

FILED  
08 DEC 18 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 7340 N. US HWY 27 STE 116 OCALA, FL 34489 US	Mailing Address 7340 N. US HWY 27 STE 116 OCALA, FL 34489 US
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2. Principal Place of Business - No P.O. Box # 9801 W. Hwy 318	3. Mailing Address 9801 W. Hwy 318
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1215200	REINSTATEMENT	08
4. FEI Number 59-3357736	Applied For Not Applicable	

City & State Reddick, FL	City & State Reddick, FL
Zip 32686	Country Marion

6. Name and Address of Current Registered Agent STALEY, MARLENE 7340 N. US HWY 27 SUITE 106 OCALA, FL 34482	7. Name and Address of New Registered Agent Name Marlene Staley Street Address (P.O. Box Number is Not Acceptable) 9801 W. Hwy 318 City Reddick, FL Zip Code 32686
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, 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	PVST STALEY, MARLENE 7340 N. US. HWY 27, STE 106 OCALA, FL 34482 <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 STALEY, MARLENE 7340 N. US. HWY 27, STE 106 OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800139134568 12/18/08--01031--004 **150.00 <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
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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: Marlene Staley Dec 17, 2008 352-895-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-591-0844