


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
Suite, Apt. #, etc.	Suite, Apt. #, etc.

12152008
REINSTATEMENT (1/07)
4. FEI Number **59-3357736** Applied For Not Applicable

City & State Reddick, FL	City & State Reddick, FL	Zip 32686	Country Marion
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6. Name and Address of Current Registered Agent

**STALEY, MARLENE
7340 N. US. HWY 27
SUITE 106
OCALA, FL 34482**

Change Address

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**

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	
TITLE	PVST <input type="checkbox"/> Delete
NAME	STALEY, MARLENE
STREET ADDRESS	7340 N. US. HWY 27, STE 106
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D <input type="checkbox"/> Delete
NAME	STALEY, MARLENE
STREET ADDRESS	7340 N. US. HWY 27, STE 106
CITY-ST-ZIP	OCALA, FL 34482
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800139134568
STREET ADDRESS	12/18/08--01031--004 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Date: Dec 17, 2008 Daytime Phone #: 352-895-~~XXXX~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-591-0844