

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 16 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000090032

1. Entity Name
PROPERTY LOCATOR SERVICES, INC.

Principal Place of Business 2800 N MILITARY TRAIL #108 WEST PALM BEACH, FL 33409	Mailing Address 2800 N MILITARY TRAIL #108 WEST PALM BEACH, FL 33409
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



REINSTATEMENT 07

4. FEI Number 65-0849750	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOFIELD, ARTHUR
330 CLEMATIS STREET
207
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: Lisa Schofield
Street Address (P.O. Box Number is Not Acceptable):
2800 N. Military Trail Ste. 108
City: West Palm Beach FL Zip Code: 33409

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: Lisa Schofield DATE: 11/14/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOFIELD, LISA 2800 N MILITARY TRAIL WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <u>10/21/07 01022008 \$558.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> <u>200112633972</u> <u>11/28/07-01007-013 **200.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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: Lisa Schofield DATE: 11/14/07 DAYTIME PHONE #: 561-615-0001
Signature and typed or printed name of signing officer or director