


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 MAY 25 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000079342</b> 1. Entity Name <b>RECONCILIATION MANAGEMENT, INC.</b>	
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Principal Place of Business <b>4309 PABLO OAKS CT JACKSONVILLE, FL 32224</b>	Mailing Address <b>4309 PABLO OAKS CT JACKSONVILLE, FL 32224</b>
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2. Principal Place of Business <b>4495 Roosevelt Blvd.</b> Suite, Apt. #, etc. <b>Suite 304</b> City & State <b>Jacksonville, FL</b> Zip <b>32210</b> Country <b>USA</b>	3. Mailing Address <b>4495 Roosevelt Blvd.</b> Suite, Apt. #, etc. <b>Suite 304</b> City & State <b>Jacksonville, FL</b> Zip <b>32210</b> Country <b>USA</b>
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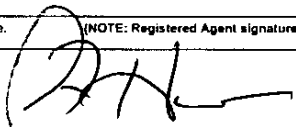


05162006	REIN-P	CR2E098 (11/05)
4. FEI Number <b>20-2894391</b>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HENDERSON KEASLER LAW FIRM, PA 4309 PABLO OAKS CT JACKSONVILLE, FL 32224</b>	7. Name and Address of New Registered Agent Name <b>agm3 corp</b> Street Address (P.O. Box Number is Not Acceptable) <b>4495 Roosevelt Blvd.</b> <b>Suite 304</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32210</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$900.00</b>		<b>5-19-2006</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STODGHILL, CURTIS</b> <b>4309 PABLO OAKS CT</b> <b>JACKSONVILLE, FL 32224</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P/S/T/D</b> <b>Hugh H. Andrews, II</b> <b>9107 Asheville Hwy</b> <b>Boiling Springs, SC 29316</b>
		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Curtis Stodghill</b> <b>300 E. McBel Ave, Suite 300</b> <b>Creeville, SC 29001</b>
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200076428282</b> <b>06/21/06--01016--006 **908.75</b>
		<input type="checkbox"/> Delete	<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: Curtis Stodghill, Vice President      5/16/06      804.271.0900      31

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #