


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 DEC -4 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # V48170 1. Entity Name JAMES B. SPURLING, P.A.	
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Principal Place of Business 2500 MONUMENT RD. #102 JACKSONVILLE, FL 32225	Mailing Address 2500 MONUMENT RD. #102 JACKSONVILLE, FL 32225
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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11142006	REIN-P	CR2E098 (11/05)
4. FEI Number 59-3131404	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 SPURLING, CATHERINE S 2318 PINE ISLAND COURT JACKSONVILLE, FL 32224
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7. Name and Address of New Registered Agent Name <u>Spurling, James B</u> Street Address (P.O. Box Number is Not Acceptable) <u>2500 Monument Road</u> <u>Suite 102</u> City <u>Jacksonville</u> FL Zip Code <u>32225</u>
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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 	JAMES B. SPURLING <small>(NOTE: Registered Agent signature required when reinstating)</small>	11/29/06 DATE
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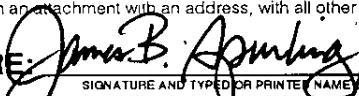
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P SPURLING, JAMES BRUCE	<input type="checkbox"/>
NAME	SPURLING, JAMES BRUCE	
STREET ADDRESS	2500 MONUMENT RD., #102	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	STD SPURLING, CATHERINE S	<input type="checkbox"/>
NAME	SPURLING, CATHERINE S	
STREET ADDRESS	2500 MONUMENT RD #102	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	100082263581 12/04/06--01061--005 **150.00	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 06
PSC

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 	JAMES B. SPURLING <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	11/29/06 (904)641-0651 Date Daytime Phone #
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