


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 736237		
1. Entity Name D. G. HOUSE CORPORATION		

Principal Place of Business 808 W PANHELLENIC DR GAINESVILLE, FL 32611 US	Mailing Address 808 W PANHELLENIC DR. HAMMA THETA GAINESVILLE, FL 32601 US
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2. Principal Place of Business	3. Mailing Address 3250 Riverside Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Columbus, OH	4. FEI Number 23-7015995	Applied For Not Applicable
Zip	Country	Zip 43221	Country USA

FILED
06 MAY 23 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182006 REIN-NP CR2E099 (11/05)

6. Name and Address of Current Registered Agent WEBB, NANCY J. 3806 SW 5TH PLACE GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEBB, NANCY J. 3806 S.W. 5TH PLACE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300075549433 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/31/06--01017--022 **122.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BURNETT, SANDRA 5915 SW 13TH ST. GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CONNELL, SHARON 3214 NW 110TH TERRACE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLINE, LUCILE 3355 NW 21ST AVE. GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE 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 617, 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: Amanda P. Reymann Amanda P. Reymann 5/18/06 614-481-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #