
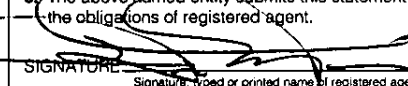



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000005638 1. Entity Name DONALD J. MCTARNAGHAN INC.						FILED 06 NOV -8 PM 4:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 7267 E OAK ISLE DRIVE INVERNESS, FL 34450-2501				Mailing Address 7267 E OAK ISLE DRIVE INVERNESS, FL 34450-2501																											
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
4. FEI Number 59-3394446				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 MCTARNAGHAN, DONALD 7267 E OAK ISLE DRIVE INVERNESS, FL 34450-2501				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																											
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.																															
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> Donald MCTARNAGHAN <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 10/31/06 <small>DATE</small> </div> </div>																															
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 </div> <div></div> <div></div> </div>																															
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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.																															
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> Donald MCTARNAGHAN <small>Date</small> </div> <div> 10/31/06 (813)220-2666 <small>Daytime Phone #</small> </div> </div>																															