


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000003234		
1. Entity Name L & W INSULATION, INC.		

FILED

06 NOV 15 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10252006 REIN-P CR2E098 (11/05) 06

Principal Place of Business P.O. DRAWER 1921 FLOMATON, AL 36441	Mailing Address 385 FOREST HILL ROAD FLOMATON, AL 36441
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2. Principal Place of Business 385 Forest Hill Road Suite, Apt. #, etc.	3. Mailing Address P.O. Drawer 1921 Suite, Apt. #, etc.
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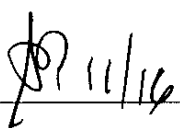
City & State Floamat, AL	City & State Floamat, AL	4. FEI Number 63-1075339	Applied For <input type="checkbox"/> Not Applicable
Zip 36441	Country USA	Zip 36441	Country USA

6. Name and Address of Current Registered Agent HUDSON, ROBERT T 5185 PITNIC ROAD JAY, FL 32565		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  11-10-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEDGEWORTH, MICHAEL P.O. DRAWER 1921 FLOMATON, AL 36441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081790362 11/15/06--01019--001 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEDGEWORTH, NANCY P.O. DRAWER 1921 FLOMATON, AL 36441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  11-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #