


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000035322</b> 1. Entity Name <b>DAVID MERRITT BLACKSMITH, INC.</b>						<b>FILED</b> 06 NOV -1 2006 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1126 S. FEDERAL HWY. PO BOX 139 FT. LAUDERDALE, FL 33316				Mailing Address 1126 S. FEDERAL HWY. PO BOX 139 FT. LAUDERDALE, FL 33316			
2. Principal Place of Business <i>SAME</i>				3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0996860				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  MERRITT, DAVID MR. <del>19300 NW 20TH COURT</del> <del>CORAL SPRINGS FL 33071</del> 2671 RIVERSIDE DR. CORAL SPRINGS FL 33065 DM				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;"> <span><b>FL</b></span> <span>Zip Code</span> </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. SIGNATURE: <i>David Merritt</i> <span style="float: right;">10-30-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PVST <input type="checkbox"/> Delete MERRITT, DAVID P.O. BOX 1126, S. FEDERAL HWY. #139 FT. LAUDERDALE, FL 33316				<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>300081436683</b>  <b>11/01/06--01048--020 **150.00</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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.							
SIGNATURE: <i>David Merritt</i> <b>DAVID MERRITT</b>				Date: <b>10-30-06</b> <span style="float: right;">954 732-2519</span>			