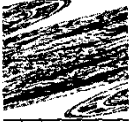


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR -5 AM 10:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 002000090163					
1. Corporation Name Soffit MAN INC.					
2. Principal Office Address 30846 Apawamis Dr. Suite, Apt. #, etc. City & State Mt. Plymouth Zip 32776 Country			3. Mailing Office Address 30846 Apawamis Dr. Suite, Apt. #, etc. City & State FL. Zip Country		
			4. Date Incorporated or Qualified To Do Business in Florida 8/20/02		
			5. FEI Number 47-0885130 Applied For Not Applicable		
			6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name CHARLES F. GIBSON JR. Street Address (P.O. Box Number is Not Acceptable) 30846 Apawamis Dr. Suite, Apt. #, Etc. City Mt. Plymouth State FL Zip Code 32776					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Charles F. Gibson Jr. Date 2/26/04 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	MARY ANN WILSON	1320 ROSSMAN DRIVE	Apopka FL 32704		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Mary Ann Wilson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mary Ann Wilson Date 2/26/04 Daytime Phone # (407) 841-2525 X136					

CR2E081 (01/04)

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SOFFIT MAN, INC.
P.O. BOX 285
APOPKA, FL. 32704


We did not know that the corporation was inactive until we were trying to
Change the president to read from CHARLES F. GIBSON, JR. to read
MARY ANN WILSON.

The reason for not paying our yearly fees is that we changed our mailing
Address to read P.O. BOX 285 APOPKA, FL. 32704. and the post office
Did not forward our mail.

All correspondence should be mailed to the post office box as mail is not
Delivered to our street address.

Please find enclosed a check for \$ 300.00 along with the reinstatement form.

SINCERELY


MARY ANN WILSON
PRESIDENT

ENCLOSED