


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 AUG 14 AM 11: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099590		
1. Entity Name DHRV, INC.		

Principal Place of Business 8050 28TH AVENUE NORTH ST. PETERSBURG, FL 33710	Mailing Address 8050 28TH AVENUE NORTH ST. PETERSBURG, FL 33710
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2. Principal Place of Business 400 W. Bay St. Suite, Apt. #, etc. Suite 148 City & State Jacksonville, FL Zip 32202 Country USA	3. Mailing Address 445 Monument Rd. Suite, Apt. #, etc. Apt. 806 City & State Jacksonville, FL Zip 32225 Country USA
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08082006 REIN-P CR2E098 (11/05)

4. FEI Number 30-0121590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARBACH, DAVID F 8050 28TH AVENUE NORTH ST. PETERSBURG, FL 33710	7. Name and Address of New Registered Agent Name DAVID F. HARBACH Street Address (P.O. Box Number is Not Acceptable) 445 MONUMENT RD APT. 806 City JACKSONVILLE FL Zip Code 32225
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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  DATE 8/9/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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	D HARBACH, DAVID F 8050 28TH AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 MONUMENT RD, APT. 806 JACKSONVILLE, FL 32225
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 900078769089 08/16/06--01024--024 **343.75
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:  DATE 8/9/2006 (904) 449-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR