PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		t .
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 MAY -2 PM 2:01 SEUNE FARY DE STATE
DOCUMENT # 02000\35270 1. Corporation Name		SEUNETARY OF STATE TALLAHASSEE, FLORIDA
Walls Unlimited, Inc		Octobro -
2. Principal Office Address 3. Mailing Office Address 8700 Southside Block		REINSTATEMENT 03-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
sk 209		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
Jacksonville FL Zip County	Zip Country	6. CERTIFICATE OF STATUS DESIDED Not Applicable
32256 DU \$01		CERTIFICATE OF STATUS DESIRED 58.79 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Franklyn Matthew		
Street Address (P.O. Box Number is Not Acceptable) - 8700 South Side Blud		
Suite, Apt. #, Etc.		
City State Zip Code		
Jackson	ike	FL 82286
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 Date 4/07/05 PEGISTERED AGENT MUST SIGN		
Signature of Registered Agent Date 4/07/05		
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 Director	Street Address of Eacl ors Officer and/or Directo	
P Franklyn Me	1011/601 - 11	209 3256
Flanklyn 1010	APTICE 8700 South Sa	de blud Jacksonville, FL
<u> </u>		
		8 00054208668 05/10/0501050007 **458,75
		115/10/0501050007 **458,75
		165/10
		Pish
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.		
A - 11 Mill 1 1 1 - 10 12		
SIGNATURE: Tranklyn Matthow 42/05 (904)759-3113 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Office Devime Phone #		
3337.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	The state of the s	Josephine Friedrick

Franklyn Matthew Walls Unlimited, Inc. 8700 Southside Blvd Ste. 209 Jacksonville, Fl 32256

April 28, 2005

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: P02000135270

To Whom It May Concern:

This letter is to inform that we did not receive a renewal statement from the Division of Corporations. We ask that the reinstatement fee be waived. Along is a check for four hundred fifty-eight dollars and seventy-five cents (\$458.75). Thanks for your cooperation. If you have any questions, please contact me at 904 759-3113.

Sincerely,

Franklyn Matthew

President