2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 26, 2005
Secretary of State

DOCUMENT# P03000012465

Entity Name: LARRY NOLAND RESCREENS, INCORPORATED

Current Principal Place of Business:

9481 HIGHLAND OAKS DR APT 615
TAMPA, FL 33647

New Principal Place of Business:

20018 NOB OAK AVE
TAMPA, FL 33647

Current Mailing Address:

9481 HIGHLAND OAKS DR APT 615
TAMPA, FL 33647

New Mailing Address:

20018 NOB OAK AVE
TAMPA, FL 33647

FEI Number: 33-1042725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DICKENS, MARK S CPA
9340 N 56 ST STE 200A
TAMPA, FL 336175537 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARK DICKENS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NOLAND, LARRY
Address: 9481 HIGHLAND OAKS DR APT 615
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NOLAND, LARRY
Address: 20018 NOB OAK AVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY NOLAND D 05/26/2005

Electronic Signature of Signing Officer or Director — Date