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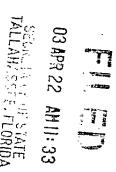
(Requestor's Name)				
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(ON) CONTRACT TO THE MY				
PICK-UP WAIT MAIL				
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	RESTORING Drew			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	DE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	LEONARD J Doss Name (Printed or typed)			
-	3207 Unit / Forest Blod Address			
Jacksonville Florida 32216 City, State & Zip				
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name, of the corporation shall be: RESTORING Dreame force ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3207 Unit 1 Forest Blod Jax, FL 32216 ARTICLE III PURPOSE The purpose for which the corporation is organized is: New Branese ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Robert M Cronan - Vice-Preside Leanard J Dose-President 3207 Unit 1 Farest Blod 3207 Unit 1 Forest Blod Jun 12 32216 Jan. FL 32216 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: 3207 Unit Frank B Jax / 32216 INCORPORATOR The name and address of the Incorporator is:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity