


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000113732		
1. Entity Name BRUCE REED INTERIOR TRIM, INC.		

Principal Place of Business 2098 STALLION AVENUE TALLAHASSEE, FL 32305 US	Mailing Address 2098 STALLION AVENUE TALLAHASSEE, FL 32305 US
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2. Principal Place of Business - No P.O. Box # 628 WHITAKER Rd	3. Mailing Address 628 WHITAKER Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLA FLA.	City & State TALLA FLA
Zip 32305	Zip 32305
Country	Country

FILED

07 FEB 27 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC



02272007 REIN-P CR2E098 (1/07)

4. FEI Number 32-0106699	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PREACHER, SUE 1177 OAKRIDGE RD WEST WOODVILLE, FL 32362	7. Name and Address of New Registered Agent Name: Bruce A Reed Street Address (P.O. Box Number is Not Acceptable) 628 WHITAKER Rd City: TALLA FL Zip Code: 32305
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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: <i>[Signature]</i>	DATE: 2/27/07
(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, BRUCE A 2098 STALLION AVENUE TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 628 WHITAKER Rd TALLA FLA 32305
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
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: <i>[Signature]</i>	DATE: 2/27/07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		