


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000117237</b> 1. Entity Name <b>ESTES HOME IMPROVEMENTS AND REMODELING, INC.</b>	
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FILED  
06 OCT 18 AM 11:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>190 PLANTATION WAY SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>P.O. BOX 1099 DESTIN, FL 32541</b>
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2. Principal Place of Business <b>346 Chippewa Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>Same 346 Chippewa Dr</b> Suite, Apt. #, etc.
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City & State - <b>Niceville, FL</b> Zip <b>32578</b> Country <b>Walton</b>	City & State - <b>Niceville FL</b> Zip <b>32578</b> Country <b>Walton</b>
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10122006 REIN-P CR2E098 (11/05) **06**

4. FEI Number <b>54-2130473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$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	<b>PD</b> <b>ESTES, JAMES T</b> <b>190 PLANTATION WAY</b> <b>SANTA ROSA BEACH, FL 32459</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600080957096</b> <b>10/18/06--01034--002 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>STD</b> <b>ESTES, KIMBERLY R</b> <b>190 PLANTATION WAY</b> <b>SANTA ROSA BEACH, FL 32459</b>	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 <i>10/12/06</i>	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:** *Kimberly R Estes* **Kimberly R Estes** **10/12/06** **850-897-4743**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #