


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> PD 3000128663		05 JUN -1 AM 9:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>1. Corporation Name</b> Two J's Home Re-NO, INC.		<b>REINSTATEMENT</b> 04-05	
<b>2. Principal Office Address</b> 25415 NW 71ST PL Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 25415 NW 71ST PL Suite, Apt. #, etc.	
<b>City &amp; State</b> High Springs, FL Zip 32643		<b>City &amp; State</b> High Springs, FL Zip 32643	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/7/03	
		<b>5. FEI Number</b> 30-0216255 Applied For Not Applicable	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>			
Name JAMES M GOODSON			
Street Address (P.O. Box Number is Not Acceptable) 25415 NW 71ST PLACE			
Suite, Apt. #, Etc.			
City High Springs		State FL	Zip Code 32643
<b>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.</b>			
Signature of Registered Agent James M Goodson		Date 4/19/05	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JAMES M GOODSON	25415 NW 71ST PL	High Springs, FL 32643
SD	JOY L GOODSON	25415 NW 71ST PL	High Springs, FL 32643
100056165441 06/14/05--01071--014 **158.75			
<b>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.</b>			
<b>SIGNATURE:</b> James M Goodson		JAMES M GOODSON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/19/05	Daytime Phone # (352) 472-0034

CR2E081 (01/05)

2092

April 14, 2005.

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

RE: Document #PO3000128663  
Two J's Home Re-Nu, Inc.

Dear Sirs:

We never received a renewal card for our corporation for 2005. We renewed March 16, 2004, (copy of form and check enclosed), but never received any confirmation or other communication from the State. We called Tallahassee and it seems it was sent to physical address, and therefore, returned.

We have complied with all Federal and State requirements for our Corporation and paid accordingly for 2004.

Please waive any late fees for our renewal. We have completed the Corporation Reinstatement for Document #PO3000128663. Enclosed is our check for \$158.75. (Includes \$8.75 for Certificate of Status).

Thank you.



James M. Goodson  
Two J's Home Re-Nu, Inc.  
P.O. Box 1712 / 25415 NW 71st Pl.  
Newberry, Fl. 32669  
352-472-0034