


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000008085 1. Entity Name SMD VINYL, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 AUG 17 PM 2:40	
Principal Place of Business 8381 ARGYLE CORNERS CT. JACKSONVILLE, FL 32244				Mailing Address 8381 ARGYLE CORNERS CT. JACKSONVILLE, FL 32244			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 52-24-38219				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07262006 REIN-P CR2E098 (11/05)			
6. Name and Address of Current Registered Agent DYER, SCOTT 8381 ARGYLE CORNERS CT. JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Dyer, Scott Street Address (P.O. Box Number is Not Acceptable) 10275 St Augustine Rd Apt 502 City Jack son ville FL Zip Code 32257			
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 <u>Scott Dyer</u> DATE <u>8-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$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	PVST DYER, SCOTT 8381 ARGYLE CORNERS CT. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300079214113 08/29/06--01018--011 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Scott Dyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>8-8-06</u> (904) 859-7468 <small>Daytime Phone #</small>			

WILSONS AUG 17 2006