2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000009916

1. Entity Name
BEST WALLS AND CEILINGS INC

FILED
06 APR 10 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT (11/05) 05-06

Principal Place of Business	Mailing Address
5148 LA MANCHA COURT ORLANDO, FL 32822	5148 LA MANCHA COURT ORLANDO, FL 32822

2. Principal Place of Business	3. Mailing Address
1622 Camerbur Dr.	1622 Camerbur Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32805 Country: USA	Zip: 32805 Country: USA

4. FEI Number: 35-2223172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRUMPLER, BRANDON W 5148 LA MANCHA COURT ORLANDO, FL 32822	Name: Street Address (P.O. Box Number is Not Acceptable) 1622 Camerbur Dr. City: Orlando FL Zip Code: 32805

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: Brandon Crumpler — DATE: 4-6-06
Signature, typed or printed name of registered agent and title if applicable. (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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMPLER, BRANDON W 5148 LA MANCHA COURT ORLANDO, FL 32822 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1622 Camerbur Dr. Orlando, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200070959442 04/19/06--01034--007 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Brandon Crumpler — Date: 4-6-06 — Daytime Phone #: 407-244-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel APR 12 2006