
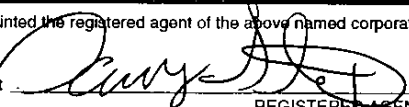


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

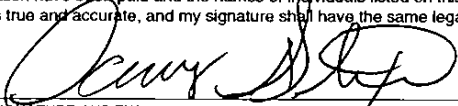
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 DEC 15 PM 1:35 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P-040000/5956</u>					
1. Corporation Name UNIQUE HOME IMPROVEMENTS OF JACKSONVILLE, INC					
2. Principal Office Address 5375 ORTEGA FARMS BLVD			3. Mailing Office Address 5375 ORTEGA FARMS BLVD		
Suite, Apt. #, etc. UNIT 408			Suite, Apt. #, etc. UNIT 408		
City & State JACKSONVILLE, FL			City & State JACKSONVILLE, FL		
Zip 32210		Country		4. Date Incorporated or Qualified To Do Business in Florida 01/20/2004	
5. FEI Number 20-0668672				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 0506

7. Name and Address of Current Registered Agent		
Name DANNY STUMP		
Street Address (P.O. Box Number is Not Acceptable) 5375 ORTEGA FARMS BLVD		
Suite, Apt. #, Etc. UNIT 408		
City JACKSONVILLE		State FL
		Zip Code 32210

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.	
Signature of Registered Agent 	Date 11-11-2006
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, VP, S, T	DANNY STUMP	5375 ORTEGA FARMS BLVD, UNIT 408	JACKSONVILLE, FL 32210

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 contained in Chapter 119, 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.	
SIGNATURE: 	11-11-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 11-11-2006 Daytime Phone # 334-0933