


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000029531 1. Entity Name PLAIN GOOD INC.	
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Principal Place of Business 7605 BEACH BLVD JACKSONVILLE, FL 32216	Mailing Address 7605 BEACH BLVD JACKSONVILLE, FL 32216
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

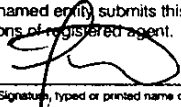


12292006 REIN-P CR2E098 (11/05)

4. FEI Number 20-0772929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NAVARRO, JUAN 4569 PRINCESS LABETH CT JACKSONVILLE, FL 32216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: _____

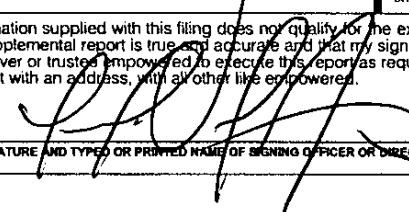
(NOTE: Registered Agent signature required when reinstating)

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.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	NAVARRO, ELBA P
STREET ADDRESS	4568 PRINCESS LA BETH CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VP <input type="checkbox"/> Delete
NAME	NAVARRO, JUAN C VP
STREET ADDRESS	4569 PRINCESS LA BETH CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	SEC. <input type="checkbox"/> Delete
NAME	NAVARRO, PAOLA P SEC.
STREET ADDRESS	4569 PRINCESS LA BETH CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600082920586
CITY-ST-ZIP	01/02/07--01064--007 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	B 1/3/07
CITY-ST-ZIP	REINSTATEMENT 06
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: **12/29/06** 904 DAYTIME PHONE #: **805 9755**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR