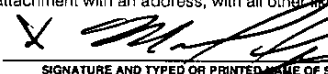


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

PAGE 1 of 2

<b>DOCUMENT # P04000030337</b> 1. Entity Name <b>MIKE DYAR MAINTENANCE INC.</b>						FILED 05 DEC 09 11:10:03 TREASURY	
Principal Place of Business <b>7501 ULMERTON RD. APT. 1525 LARGO, FL 33771</b>				Mailing Address <b>7501 ULMERTON RD. APT. 1525 LARGO, FL 33771</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>HOLCK, GAY J 1961 ARVIS CIRCLE E CLEARWATER, FL 33764</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP P DYAR, MICHAEL 7501 ULMERTON RD. LARGO, FL 33771				TITLE NAME STREET ADDRESS CITY-ST-ZIP "SEE ATTACHED letter"			
TITLE NAME STREET ADDRESS CITY-ST-ZIP T DYAR, MARK 7501 ULMERTON RD. LARGO, FL 33771				TITLE NAME STREET ADDRESS CITY-ST-ZIP 900062121219 12/13/05--01045--002 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP B 12/12/05			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				12/3/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			