

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # P040000 39826						07 APR 27 AM 10: 52			
1. Corporation Name						JECRETARY OF STATE MALLAHASSEE, FLORIDA			
Reshape Remodeling, Inc.							With Wooder Leon	iida	
J'						RE:	INSTATEN	MENT	
2. Principal Office Address - No P.O. Box # 1006 Cheetah Trail 100				Mailing Office Address 006 Cheetah Trail			CR2E081 (1/07)		
Suite, Apt.	¥, etc.		Suite, Apt. #, etc.			4. Date Incorr	anniani na Ovalikani	0001	
City & State		-1	City & State			To Do Business in Florida U2/24/2004			
Apopka, FL			Apopka, FL			80-010	00716	Applied For Not Applicable	
3271	2	ÜŠA	[™] 32712		ÜŠA	6. CERTIFICATE		ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent						The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Kevin W. Scribner, Jr. Street Address-R.O. Box Number is that Acceptable)									
TOO Cheetan Trail Suite, Apt. #, Etc.							the prior notices. By checking this box, you are certifying the prior notices were not		
					State Zip.Code		received and requesting the reinstatement fee be waived.		
Äpopka					FL 32712				
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 3-29-07 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	Namo of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
DR	Kevin W. Scribner, Jr.			1006 Cheetah Trail		Apopka, FL 3	2712		
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					72.1. AM 2.1.		K. Eckel MAY	-7 2007	
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 filling 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.									
SIGNA	_	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGN	NING OFF	ICER OR DIRECTOR	> 3-	-29-07 4079	48-6283	