


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000041851		
1. Entity Name M D H PAINTING INC		
Principal Place of Business 4495 ROOSEVELT BLVD. STE #313 JACKSONVILLE, FL 32210		Mailing Address 4495 ROOSEVELT BLVD. STE #313 JACKSONVILLE, FL 32210

FILED
06 MAY 15 PM 3:51
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business 10252 MAYAN DR.		3. Mailing Address 10252 MAYAN DR.		04192006 REIN-P CR2E098 (11/05) 05-06
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 54-2145659
Zip 32218	Country USA	Zip 32218	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JEFFERSON, JOE D. 7313 AMANDAS CROSSING DR S JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name JOE D. JEFFERSON Street Address (P.O. Box Number is Not Acceptable) 5412 Morse Ave. City Jacksonville FL Zip Code 32244	
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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 **JOE D. JEFFERSON / RA** DATE **4/19/06**

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	HAM, MICHAEL D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	10252 MAYAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVEY, TERRY L	NAME	
STREET ADDRESS	10252 MAYAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

200075217582
05/25/06--01005--018 **300.00

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: **Michael d Ham / President** DATE **4/28/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR