


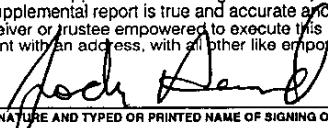


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000065700 1. Entity Name JODY HAND FLOORING, INC.						FILED 05 OCT 24 PM 5:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
Principal Place of Business 8319 HAND STREET PANAMA CITY BEACH, FL 32413				Mailing Address 8319 HAND STREET PANAMA CITY BEACH, FL 32413				  REINSTATEMENT 2005 10102005 REIN-P CR2E088-16/04 4. FEI Number 20-1027957 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
2. Principal Place of Business		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.						City & State		City & State	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State						Zip		Country	
City & State		City & State		Zip		Country						Zip		Country	
City & State		City & State		Zip		Country						Zip		Country	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent									
HAND, JODY D 8319 HAND STREET PANAMA CITY BEACH, FL 32413						Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>															
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			D, P <input type="checkbox"/> Delete HAND, JODY D 8319 HAND STREET PANAMA CITY BEACH, FL 32413			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			200060899062 10/24/05--01063--003 **150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition						
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: 						Date 10-15-05 Daytime Phone # _____									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															