

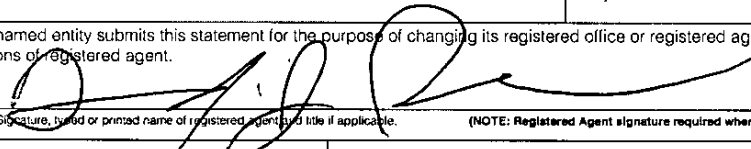
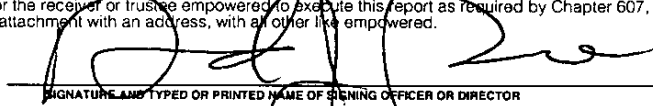


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000102288 1. Entity Name DJMP, INC.						FILED 06 SEP 21 AM 9: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 601 ROSERY RD. APT.#3601 LARGO, FL 33770 US			Mailing Address 601 ROSERY RD. APT.#3601 LARGO, FL 33770 US			 11172005 REIN-P CR2E098/6/04 05-06	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 56-2520909			
6. Name and Address of Current Registered Agent PRICE, DAVID J 601 ROSERY RD. APT.#3601 LARGO, FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 9/13/06			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, DAVID J 601 ROSERY ROAD NE #3601 LARGO, FL 33770	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Price, David J 13099 116th Lane N Largo, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRICE, DAVID J 601 ROSERY ROAD NE #3601 LARGO, FL 33770	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Price, Maria A, V.P. 13099 116th Lane N Largo, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080226251 09/27/06--01052--007 ***308.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 9/13/06 (727) 412-1179 <small>Date Daytime Phone #</small>			

September 13, 2006

Florida Dept. of State Division of Corporation
Attn: Sean Toner, Senior Section Administrator
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

This letter serves as my official statement that I did not receive any of the 2005 notices and have therefore, enclosed the signed reinstatement form along with a check for \$308.75 to cover both the 2005 & 2006 year corporation annual fees.

I am asking you to please review this information and allow me to reinstate my corporation license with the state so I can continue working as a sub-contractor. If you can contact me as soon as possible regarding your decision, it would be greatly appreciated.

If you have any questions or need any other information, please contact me at (727) 412-1179 or by e-mail at djmap21@yahoo.com.

Sincerely,

David J. Price (MAP)

For David J. Price, President
DJMP, Inc.