2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000145378

Entity Name: M.H. LOVETT, INC.

FILED Oct 10, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|-------------------------------------|---|--|
| 2747 CR 615 P.O. BOX 934 BUSHNELL, FL 33513 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 2747 CR 615 P.O. BOX 934 BUSHNELL, FL 33513 | | | |
| FEI Number: 26-0098952 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| SEMBOWER, WILLIAM 880 N. MAIN ST. BUSHNELL, FL 33513 | US | | |
| The above named entity sin the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| SIGNATURE: WILLIAM | SEMBOWER | | |
| Electron | nic Signature of Registered Age | ent | Date |
| In accordance with s 607 10 | 3(2)(b) E.S. the corporation did no | of receive the prior potice | |

OFFICERS AND DIRECTORS:

Election Campaign Financing Trust Fund Contribution ().

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

 Title:
 P/S/
 () Delete
 Title:

 Name:
 LOVETT, MICHAEL H
 Name:

 Address:
 P O BOX 934
 Address:

 City-St-Zip:
 BUSHNELL, FL 33513
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LOVETT PRES 10/10/2006