


2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P05000009762 | |  |
| 1. Entity Name LYDWAL, INC. | | |

FILED
06 DEC 21 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business 126 WHISPERING WINDS RD. PALATKA, FL 32177 | Mailing Address 126 WHISPERING WINDS RD. PALATKA, FL 32177 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



REINSTATEMENT 06
10192006 REIN-P CR2E098 (11/05)

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|-----------------------------|--------------------------------------------------------|
| 4. FEI Number 20-2184292 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

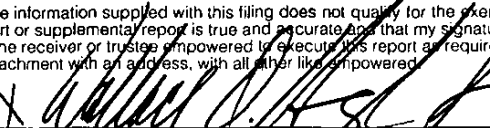
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| 6. Name and Address of Current Registered Agent HOUGH, WALLACE O JR. 126 WHISPERING WINDS RD. PALATKA, FL 32177 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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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 _____ | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP | P HOUGH, WALLACE O JR. 126 WHISPERING WINDS RD. PALATKA, FL 32177 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500082708245 12/21/06--01029--011 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | 12/18/06 386 937 5531 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |