2006 FOR PROFIT CORPORATION REINSTATEMENT

	IXEIIIQ I I	**							
DOCUMENT # P05000126419 1. Entity Name SCOTT MURRAY CARPENTRY INC						0 6 0CT 3			
13002 LANIER ROAD		Mailing Address 13002 LANIER ROAD JACKSONVILLE, FL 32				J.LUME IA TALLAHA	E) 11818 NVIG 6111	71 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1	IRBI M 4001
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		0092006	REIN-P	CR2E09	98 (1 <u>1</u> /05)	06
City & State		City & State		4.	FEI Numbe	г		1 1	plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate	of Status Desired		8.75 Add ee Require	
6. Na	Registered Agent		7.	Name and	Address of New F	egistered A	gent		
MURRAY, SCOTT A				Name					
13002 LANIER RO JACKSONVILLE, I)AD		Street Address (P.O. Box Number is Not Acceptable)				
			City				FL	Zip Code	9
8. The above named er	tity submits this statement for	or the purpose of changing its	registered office or	registered a	neot or both	n in the State of Flo		amiliar with	and accept
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 SCOTT MURRAY OCT 5.06									
SIGNATURE Signature, typed or printed narge of registered agent at tile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00						In accordance of corporation did	with s. 607. not receive	193(2)(b), the prior r	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11,	Al	DDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE P	W 1	☐ Delete	TITLE					☐ Change	☐ Addition
NAME MURRAY, SCOTT A			NAME		<u> </u>	H-QEII		70	
	ANIER ROAD ONVILLE, FL 32226		STHEET ADDRESS CITY-ST-ZIP		10/31. 	706 61.626 	F 621	÷±150	.58
TITLE		☐ Delete	TITLE			•		Change	Addition
NAME STREET ADDRESS			name Street address						
CITY-ST-ZIP			CITY-ST-ZIP						}
TITLE	·	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	NAM NAM							_ •	_
11 1/0/31			STREET ADDRESS						
TITLE		☐ Delete	CITY-ST-ZIP		***		, <u>.</u>		
NAME		□ Dele(e	NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						i
CITY-ST-ZIP		···-	CITY-ST-ZIP						
TITLE NAME	•	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADORESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	·····		v. ak III		☐ Change	☐ Addition
NAME	ADDRESS								
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	the information supplied wit	h this filing does not quality for		ontained in C	Chanter 119	Florida Statutes 1	further certif	ly that the in	formation
12. I hereby certify that the information supplied with this filing does not quality 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 ame appears in Block 10 or Block 11 if									
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: Scott Munny Oct 5,06 1904553-2026 SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytere Proce #									
SIGNATURE:	SIGNATURE AND TYPETOOR	PRINTED NAME OF SIGNING OFFICE	tt Wun	144	Oc.	45,06	1900	7553	<u>-202</u> 6