2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000060785

FILED Apr 30, 2008 Secretary of State

Entity Name: STRUCTURAL REMEDATION & HOME IMPROVEMENT, INC.

New Principal Place of Business: Current Principal Place of Business: 4230 NW 152ND STREET REDDICK, FL 32686 **Current Mailing Address: New Mailing Address:** PO BOX 408 PO BOX 157 REDDICK, FL 32686 US REDDICK, FL 32686 US FEI Number: 43-2101057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORTIZ, GEORGE SWEETALLA, TERESA J 1515 É SILVER SPRINGS BLVD 4230 NW 152ND STREET REDDICK, FL 32686 SUITE 128 OCALA, FL 34470 US 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. SIGNATURE: TERESA J. SWEETALLA 04/30/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SWEETALLA, CHAD R Name: Name: **4230 NW 152ND STREET** Address: Address: City-St-Zip: REDDICK, FL 32686 US City-St-Zip: () Delete Title: D,VP Title: () Change () Addition Name: PERRY, JASON G Name: 10397 WEST HWY 320 Address: Address: MCINTOSH, FL 32664 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SWEETALLA, TERESA J Name: Name: 4230 NW 152ND STREET Address: Address: City-St-Zip: REDDICK, FL 32686 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHAD R. SWEETALLA **PRES** 04/30/2008