


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22388**

1. Corporation Name

IDN Armstrong's Inc.

2. Principal Office Address

3589 Broad Street

Suite, Apt. #, etc.

3. Mailing Office Address

3589 Broad Street

Suite, Apt. #, etc.

City & State

Chamblee, GA

Zip **30341**

Country **USA**

City & State

Chamblee, GA

Zip **30341**

Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-103-7483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200064996672
02/01/06--01075--006 **1050.00
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Jeff Bickle

Street Address (P.O. Box Number is Not Acceptable)

8406 Benjamin Road

Suite, Apt. #, Etc.

Suite H

City

Tampa

FL

Zip Code **33634**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeff Bickle

REGISTERED AGENT MUST SIGN

Date **1/14/06**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John M Burke	3589 Broad St	Chamblee, Ga 30341
VP	Karen Hoffman kahl	7330 West Montrose Ave	Norridge, IL 60706
Sec	F. Michael Groover	2401 Mustang Dr	Grapevine, Tx 76051
Treas	F. Michael Groover	2401 Mustang Dr	Grapevine, Tx 76051

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John M. Burke **John M. Burke** **1/14/2006** **404-875-0136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #