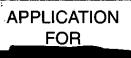
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000030636

1. Corporation Name

MUD-MASTERS INTERIOR CONTRACTING, INC.

Principal Place of Business

Mailing Address

5456 SW 37TH ST OCALA FL 34474

5456 SW 37TH ST OCALA FL 34474



FILED

01 NOV -5 PM 4: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Office Address, If Applicable		· · · · · · · · · · · · · · · · · · ·	idress, If Applicable			04/20/1002	
- · <u>·</u>	Suite, Apt. #	l ata	ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/20/1993		
	1	Suite, Apt. #, etc.		5. FEI Number	5. FEI Number X Applied		
City & State		City & State		F0-3179000 (C) (C)		Not Applicable	
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status			
eet Addresses of Each Officer a	nd/or Director (FI	orida nonprof	it corporations must list at l	east 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D KELLEY, TONY E		5456 SW 37TH ST.		OCALA FL 34474			
			5	5	0000469	82752	
					****158.7	5 *****158.75	
				010	1B17		
			•				
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
KELLEY, TONY E 5456 SW 37TH ST				Street Address (P.O. Box Number is Not Acceptable)			
OCALA FL 34474			Suite, Apt. #, E	Suite, Apt. #, Etc.			
			City				
	Name of Officers and/or Directors LEY, TONY E 3. Name and Address of Curre DNY E 7TH ST 34474	Name of Officers and/or Directors LEY, TONY E 3. Name and Address of Current Registered Agony E 7TH ST 34474	Name of Officers and/or Directors 3 LEY, TONY E 5456 SV 3. Name and Address of Current Registered Agent DNY E 7TH ST 34474	Name of Officers and/or Directors LEY, TONY E 5456 SW 37TH ST. 3. Name and Address of Current Registered Agent Name Name NY E 7TH ST Suite, Apt. #, E City	And/or Directors 3 Officer and/or Director 5456 SW 37TH ST. S. Name and Address of Current Registered Agent 9. Name and Address Of Current Registered Agent Name Name Street Address (P.O. Box Number Suite, Apt. #, Etc. City	Name of Officers and/or Directors Street Address of Each Officer and/or Director LEY, TONY E 5456 SW 37TH ST. OCALA FL 34474 DIDID469 11/29/01 *****158.7 Name and Address of Current Registered Agent Name Street Address of New Registered Street Address of P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	

-11. 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 filling 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 under section 119.07(3)(i), 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:

Signature of

Registered Agen

Date 11-01-0

Daytime Phone #

--//--

11-01-01 DAJCWY

To whom it may concern.

Regarding Late charges & Fees.

I am currently going thru a divorce so

I vacated the premises, on Oct. 07. 2000

and my wife remained at the current address

until Oct. 07. 2001. She witheld all mail

notices involving my corporate fee, licensing and

Insurance documents without my knowledge until

my return to my house. If neccessary I will

pay late fees.

Sincerly

Juny E. Kelley
5456 SW 37 TH St.
Ocala Fl. 34474

P93000030636