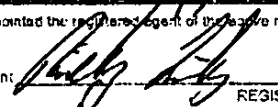


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 10 AM 9:54
DOCUMENT # P98000053899			
1. Corporation Name LUSBY Framing, Inc			
2. Principal Office Address 2487 Quarter Horse trail		3. Mailing Office Address W06-15325 2487 Quarter Horse trail	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Middleburg, FLA		City & State Middleburg, FLA	
Zip 32068	Country CLAY	Zip 32068	Country CLAY
		4. Date Incorporated or Qualified To Do Business in Florida 	
		5. FEI Number 593529419	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Lusby Ricky			
Street Address (P.O. Box Number is Not Acceptable) 2487 Quarter Horse trail			
Suite, Apt. #, Etc. 			
City Middleburg			
		State FL	Zip Code 32068
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.			
Signature of Registered Agent 		Date 3-23-06	
REGISTERED AGENT MUST SIGN			
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
V-P	Brain Johnson	1640 Sugar pine Dr	Middleburg FLA 32068
Pres	Ricky Lusby	2487 Quarter Horse trail	Middleburg FLA 32068
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: Ricky Lusby		Date 3-23-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 904 626 6925	