


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000024403			
1. Corporation Name CENTRAL FLORIDA WALLS & CEILINGS, INC.			
2. Principal Office Address 7979 SAILBOAT KEY		3. Mailing Office Address P.O. BOX 690745	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETE, FL		City & State ORLANDO, FL	
Zip 33707	Country	Zip 32869	Country

FILED
06 JAN 11 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

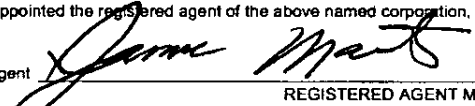
REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 03/10/1999	
5. FEI Number 69-3573272	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MARTIN, JAMES E.		
Street Address (P.O. Box Number is Not Acceptable) 7979 SAILBOAT KEY		
Suite, Apt. #, Etc.		
City ST. PETE	State FL	Zip Code 33707

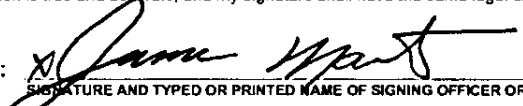
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date **01-10-06**

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
P/D	MARTIN, JAMES E.	7979 SAILBOAT KEY	ST. PETE, FL 33707

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **01-10-06** Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2004, 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JAMES E. MARTIN
PRESIDENT