

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04
 500028748115
 02/13/04--01044--034 **1358.75

DOCUMENT # **304808**
 1. Corporation Name
DOWLING-DOUGLAS DUPLICATING COMPANY, INC.

2. Principal Office Address
3406 MAIN ST
 Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 3356
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32206 DUVAL

Zip Country
32206 DUVAL

4. Date Incorporated or Qualified To Do Business in Florida **05-06-1966**

5. FEI Number **59 114 1918**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GARY L DOWLING

Street Address (P.O. Box Number is Not Acceptable)
3406 N. MAIN STREET

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32206

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 **Mary L Dowling President** Date **FEB 10, 2004**
 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 Officers and/or Director	City/State/Zip
VP/D	DOWLING, LINDA L.	35 JACKSON AVE	PONTE VEDRA BEACH FLORIDA 32082
P/D	DOWLING, GARY L	35 JACKSON AVE	" "
VP/D	PECNIK, JOHN J	1255 PRESTON PLACE	JACKSONVILLE FLORIDA 32207
D	PECNIK, DARBY E	1255 PRESTON PLACE	" "

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 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: **Mary L Dowling** **PRESIDENT** **GARY L. DOWLING** **2/10/2004** **(904) 353-4361**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)