

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 AUG 17 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 18 2005

DOCUMENT #

1. Corporation Name
P02000095324
2 DOORS DOWN INC

2. Principal Office Address
955 S EDGEWOOD AVE

3. Mailing Office Address
955 S EDGEWOOD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FLORIDA

Zip Country
32205 USA

Zip Country
32205 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/03/2002

5. FBI Number Applied For
82-0561981 Not Applicable

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

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
JONES, GREGORY S

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

Suite, Apt. #, Etc.

City
JACKSONVILLE

000058873630
08/20/05 State FL Zip Code 32220

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 *Gregory S. Jones* Date 08/15/2005
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 | MARTIN, CHARLES W | 918 MELBA ST | JAX, FL. 32205 |
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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: *Charles W. Martin* CHARLES W. MARTIN 08/15/2005 904-219-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #