

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

08 MAY -1 AM 11:38

DOCUMENT # F98000002967

1. Corporation Name

DOWNUNDER (1995) COMPANY, INC.

2. Principal Office Address - No P.O. Box #

2602 Isabella Boulevard

Suite, Apt. #, etc.

Suite 50

City & State

Jacksonville Beach

Zip

32250

Country

Duval

3. Mailing Office Address

2602 Isabella Boulevard

Suite, Apt. #, etc.

Suite 50

City & State

Jacksonville Beach

Zip

32250

Country

Duval

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

5. FEI Number
58-2241505

☐ 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

Walter S. Millsaps, Esq.

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

2602 Isabella Boulevard

Suite, Apt. #, Etc.

Suite 50

City

Jacksonville Beach

State

FL

Zip Code

32250

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 04/30/2008

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	Anthony V. Weight	855-44 St. Johns Bluff Road	Jacksonville, Florida 32225

B 5/9/08

REINSTATEMENT

05-08

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05/01/08--01049--007 **1200.00

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:

Anthony V. Weight

04/30/2008

(904) 910-3785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #