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
03 JUL -3 PM 12:08

DOCUMENT # K94109

REINSTATEMENT 93-03

600021306196
07/03/03--01088--010 **2250.00

600021306196
07/03/03--01088--011 **8.75

1. Corporation Name

A-24 HOUR DOOR SERVICE, INC.

2. Principal Office Address		**3.** Mailing Office Address	
273 GLENWOOD DRIVE		273 GLENWOOD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAKELAND, FLORIDA		City & State: LAKELAND; FLORIDA	
Zip: 33805	Country: USA	Zip: 33805	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1989

5. FEI Number: ☑ 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: CHARLES M. KING

Street Address (P.O. Box Number is Not Acceptable): 273 GLENWOOD DRIVE

Suite, Apt. #, Etc.:

City: LAKELAND | State: FL | Zip Code: 33805

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 _____ Date 07/02/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	CHARLES M. KING	210 FERNERY ROAD	LAKELAND, FL 33809
VP	ROBERT D. KING	210 FERNERY ROAD	LAKELAND, FL 33809

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 M KING 07/02/2003 863-687-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #