PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEFARTMENT GF-SATE Katherine Harris Secretary of State DIVISION OF CORPOPATIONS DOCUMENT # M95 000000233 1. Limited Liability Company's Name Do Links , LLC 2. Principal Office Address Highway 30 - A P. D. Box - H94P Subse, Act Acts Subse, Act Acts Subse, Act Acts City & State Secretary OF STATE FALL AHASSEE, FLORIDA 4. SugesCountry of Formation General JUSA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 4. SugesCountry of Formation General JUSA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 4. SugesCountry of Formation General JUSA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 4. SugesCountry of Formation General JUSA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE Secretary OF STATE FALL AHASSEE, FLORIDA 5. Date Cogny Joe or Catallad City & State Secretary OF STATE FALL AHASSEE, FLORIDA 6. File Number FOR State File State Fil					·	
1. Limited Lucility Company's Name Dounks, L.C. 2. Principal Office Address High Way 30-A P. O. Box 4949 Suite, Act Jac. Suite Act Jac.	COMPANY	Kather Secreta	ine Harris ry of State	TE .	OI NOV 19 AMII:	
2. Principal Office Address Highway 30-A P. D. Box 1949 Suite, Apt. R. J. Suite, Apt		00233			SECRETARY OF ST. TALLAHASSEE, FLO	ATE RIDA
Highway 30-A Sule, Apt Jule. Sule, Apt	Doinks, LLC					
Suite, Apt. A.Jac. Suite, Add. A.Jac. Suite, A.Jac. S	2. Principal Office Address	3. Mailing Office Addre	ess			: :
Suite, Apt. A. Jate. Suite, Apt. A. Jate. Suite, Apt. A. Jate. Seaside Florida Santa Rosa Florida Seaside Florida Santa Rosa Florida To Do Business in Florida Jaj Jaj Jags Applied For Jags Jags Jags Jags Jags Jags Jags Jags					4. State/Country of Formation	
City & State Seaside Florida Santa Rosa Florida Tockney Tock			etc.		Georgia, USA	
Seaside Florida Santa Rosa Florida G. FEI Number S9-3313285 Applied For S9-3313285 Applied			5.		5. Date Orga ♥ed or Qualified / /	
32459 Walton 32459 Walton 7. CENTIFICATE OF STATUS DESIRED 3800 Additional Recognitions of Status Desired Desired Status Desired Desired Status Desired Desired Status Desired	l		D. 54.1		6. FEI Number Applied For	
8. Name and Address of Current Registered Agent Name	ZID	Dania 705	Country			
Name Wake ham Gregory S Street Address (P.O. Box Number is Not Acceptance) 1-2/11/0101026012 +*****150,00 *****150,00 ****150,00 *****150,00 *****150,00 ***150,00 ****150,00 ****150,00 ****150,00 ****150,00 ***150,00 ****150,00 ****150,00 ****150,00 ****150,00 ***150,00 ****150,00 ****150,00 ****150,00 ****150,00 ***150,00 ****150,00 ****150,00 ****150,00 ****150,00 **	32459 Walton	32459	Walton	CERTIFICATE	E OF STATUS DESIRED (35.00)	Additional Georegulard Certification (Status
Wakeham, Gregory S. Street Address (P.O. Box Number is Not Acceptance) -12/11/0101026012 ***********************************		8. Name and	Address of Current Re	gistered Agent		
Sea Side 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Amanaging Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Member/Manager City / State / Zip Name of Managing Member/Manager Sea Sea Side, FL 32459 Name of Sea Side, FL 32459 Name of Sea Side, FL 32459 11. Lertify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S. and that all feet owed by the limited liability company have been paid. 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 of Managing Member/Manager Date /0.25.01 Daytime Phone # (850) Z31-1950	Wakeham, Street Address (P.O. Box Number is N Highway 30-A Suite, Apt. #, Etc.).	31	2 00004718 1 -12/11/0101 ****150.00	.798 026012 ****190.00
9. I. being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers Name of Managing Members/Manager City / State / Zip Name of Managing Members/Manager Seaside, FL 32459 Name of Managing Members/Manager United States of Each Managing Members/Manager Seaside, FL 32459 Name of Managing Members/Manager United States of Each Managing Members/Manager Unite	City Seaside					
Name of Managing Members Managers	Signature of Registered Agent			and accept the obliga		
Managing Member/Manager Managing Member/Manag	10. Names and Street Addresses of Managing Mel	mbers/Managers			 	
Member FREER JOE Member STARR KER, John 11. Lertify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10.25.01 Daytime Phone # (850) 731-1950	Tiues 1				City / State	/ Zip
Member Freder Joe Member Stace Ker, John Member Stace Member Manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10.25.01 Daytime Phone # (850) 731-1950	President Wakeham, Gregory S.		Highway 30-A		Seaside, FL 3	32459
11. Lertify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10.25.01 Daytime Phone # (850) 231-1950	Member FREER, JOE				n h	
11. Lertify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10.25.01 Daytime Phone # (850) 231-1950	nember STAERKER, JO	44	ıς		N	
11. Fertify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10.25.01 Daytime Phone # (850) 231-1950						01
thing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Manager Date 10.25.01 Daytime Phone # (850) 731-1950	4			THE PARTY OF THE P		da
thing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Manager Date 10.25.01 Daytime Phone # (850) 231-1950	.					
(Chen)2-0	filing this reinstatement application the reason for all fees owed by the limited liability company hav as if made under oath.	r dissolution has been elimi	nated, the limited liability in indicated on this applic	company name satisfi ation is true and accur	es the requirements of section 60 ate, and my signature shall have	08.406, F.S., and that the same legal effect
		Manager N		10-23 OF	Paytime Phone # (859)2	1130