PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 AUG -2 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

~~AMENDMENT~~

2001 UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000020543

1. Corporation Name

DOFWIR, INC.

100004547711--3
-08/21/01--01078--021
****558.75 ****558.75

2. Principal Office Address	3. Mailing Office Address
2301 Park Avenue	P.O. Box 1870
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.:
City & State: Orange Park, Florida	City & State: Middleburg, Florida
Zip: 32073 Country: U.S.	Zip: 32050 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 2/21/2000

5. FEI Number: 59-3627686 ☐ 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: William L. Thompson, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2301 Park Avenue

Suite, Apt. #, Etc.: Suite 404

City: Orange Park State: FL Zip Code: 32073

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: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/C	W. R. Welty	1863 Wells Road #69	Orange Park, FL 32073
S/T	Lynn Ballantyne	2085 W. Foot Hill Blvd.	Upland, CA 91786
D/P	Thomas Hallquest	781 Branscomb Road	Green Cove Springs, FL 32043

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: _____ 6/12/01 904 607 2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas Hallquest, President