2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED			
DOCUMENT # P01000004130					SECRETARY OF STATE DIVISION TO DEPORATIONS			
1. Entity Name JOHN HUDSON ENTERPRISES, INC.								
CONTROL DOOR ENTERN MODE, INC.						06 JAN -3	PH 3: 57	
			1				0 07	
· ·	ce of Business	Mailing Address						
23195 CARO Fort Myers		1548 NE 177TH ST N Miami BCH, FL 3316:	2					
TOKI MILK	3, IL 33313	N MINMI DOIT, IE 3310.	2					61188 1 ii 1881
2 Principal S	Place of Business	3. Mailing Address	1 .					
294	Pine Dak Coro	294 PIDA	Oak La	N			3 B.B.(1) B.B.(1) B.B.B.(1) B.B. (1) [1] B.	11(10) (ED)
Suite, Apt.		Suite, Apt. #, etc.			12152005	REIN-P	CR2E098 (6/04))
City_& Stat	le	City & State			4. FEI Numb	er		pplied For
Neu.) Smyrna blach R	- New Jmy	RNa Keo	2h IZ	65-107			lot Applicable
Zip	Country	32100	Country		5. Certificate	of Status Desired	□ \$8.75 Ac Fee Require	
	6. Name and Address of Current R	egistered Agent	<u> </u>		7. Name and	Address of New Ro	<u> </u>	
Namo								. , ,
HUDSON, JOHN D 23195 CAROLYN LANE Street Address (f						er is Not Acceptable)	
FORT MYERS, FL 33913					MITH ()0	K Care		
City Up Soupoo Roch FL Zip Code 8								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent/or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Surveyer/pyperfor printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstalling) DATE								
	X							
	LE!ÑOW!!! FEE IS \$150.00 nuary 1, 2006, Fee will be \$300.00					In accordance was corporation did a	vith s. 607.193(2)(b) not receive the prior	, F.S., the notice.
10.	OFFICERS AND D		11.		ADDITIONS	CLIANGED TO OFFI	OFFIC AND DIRECTOR	OD IN 44
TITLE	DPST OFFICERS AND L	Delete	TITLE				ICERS AND DIRECTOR	Addition
NAME	HUDSON, JOHN		NAME	290	4 DIDA	Oak Lov Nyma B	y ~	
STREET ADDRESS CITY-ST-ZIP	23195 CAROLYN LANE FORT MYERS, FL 33913		STREET ADDRESS CITY-ST-ZIP	(λ)	Dill Co	nupan P	Spark FL:	32168
TITLE	TORTIMERO, TE 30013	☐ Delele	TITLE	70	<u>(U))</u>	14/1/14	Change	Addition
NAME		20000	NAME		71	100625	75817	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS GITY-ST-ZIP		01/03	3/0601055	022 **150	1.00
TITLE		☐ Delete	TITLE	 	<u>-</u>		☐ Change	Addition
NAME		Delete	NAME				Onengo	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME		Lui Delete	NAME				П снядв	- Markell
STREET ADDRESS			STREET ADDRESS	1				
CITY-ST-ZIP		Поль	CITY-ST-ZIP	1			□ Charrer	T Adams
NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	<u> </u>			FI o.	—
NAME		☐ Delete	NAME				Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	and the standard and th	ni. D	CITY-ST-ZIP	1		o Class Or a second	L. Alexandre	
12. I hereby certify that the information surplied with this ring foes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental upon is trust and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the compression of the report of required by Chapter 6.7. Florida Statutes; and that my page separate is Block 13 or Block 13								
of the corporation or the receiver or trusfee empoyeres to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any floridate with a statute of the changed, or on an attachment with any floridate with a statute of the changed.								
SIGNATURE: 12/22/05 386.428-9957								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Prone #								
$\mathcal{A}_{\mathcal{A}}$								