PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
05 AUG 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 18 2005

REINSTATEMENT 03-05

DOCUMENT #
1. Corporation Name
P02000095324
2 DOORS DOWN INC

2. Principal Office Address	3. Mailing Office Address
955 S EDGEWOOD AVE	955 S EDGEWOOD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE ; FLORIDA	City & State: JACKSONVILLE, FLORIDA
Zip: 32205 Country: USA	Zip: 32205 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 09/03/2002

5. FEI Number 82-0561981 ☐ 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: JONES, GREGORY S
Street Address (P.O. Box Number is Not Acceptable): 198 DEVOE STREET
Suite, Apt. #, Etc.
City: JACKSONVILLE State: FL Zip Code: 32220

000058879630

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 [signature] Date 08/15/2005
REGISTERED AGENT MUST SIGN

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
V	MARTIN, CHARLES W	918 MELBA ST	JAX, FL. 32205

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: [signature] CHARLES W. MARTIN | 08/15/2005 | 904-219-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #