2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000158360

1. Entity Name
JD DOOR SERVICE, INC.

FILED
05 MAR 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2933 THUNDER RD MIDDELBURG, FL 32068	2933 THUNDER RD MIDDELBURG, FL 32068

03282005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
5219 ANCHOR AVENUE	5219 ANCHOR AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32244 Country: USA	Zip: 32244 Country: USA

4. FEI Number: 20-0537103 ☐ Applied For ☐ Not Applica

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PECK, JONATHAN
2933 THUNDER RD
MIDDELBURG, FL 32068

7. Name and Address of New Registered Agent

Name: PECK, JONATHAN
Street Address (P.O. Box Number is Not Acceptable): 5219 ANCHOR AVENUE
City: JACKSONVILLE FL Zip Code: 32244

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 accep the obligations of registered agent.

SIGNATURE: _____ DATE: 3/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST PECK, JONATHAN 2933 THUNDER RD MIDDELBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST PECK, JONATHAN 5219 ANCHOR AVENUE JACKSONVILLE, FL 32244	☑ Change ☐ Additio
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does 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 report is true 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 corporation or the receiver or trustee empowered 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 an address, with all other like empowered.

SIGNATURE: _____ 3/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #