

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT -6 AM 11:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P04000142645*

1. Corporation Name

*Docks, Decks & More, Inc.*

2. Principal Office Address

*1125 14th Ave N.*

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Jacksonville Beach FL*

City & State

Zip

*32250*

Country

*Duval*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*10/15/04*

5. FEI Number

*20-1756889*

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

*Tim Austin*

Street Address (P.O. Box Number is Not Acceptable)

*1125 14th Ave. North*

Suite, Apt. #, Etc.

City

*Jacksonville Beach*

State

*FL*

Zip Code

*32250*

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)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PDS</i>	<i>Tim Austin</i>	<i>1125 14th Ave. N.</i>	<i>Jacksonville Beach, FL</i>
<i>VT</i>	<i>Michael G. Austin</i>	<i>1125 14th Ave. N.</i>	<i>Jacksonville Beach, FL</i>
			<i>32250</i>
			<i>32250</i>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

JAMES K. REESE, EA

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1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752  
October 3, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement for Docks, Decks & More, Inc. Doc. #P04000142645

Dear Sir/Madam:

We are enclosing the reinstatement application and check in the amount of \$300.00 for annual renewal fees for 2005 & 2006. Mr. Austin came to us this week with a notice of dissolution for his company. He had received no previous notices for renewal or intent to dissolve and was very concerned. Under these circumstances, we ask that you waive any reinstatement fees that would normally apply.

We thank you in advance for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Diane Stevenson".

Diane Stevenson