2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000152248

1. Entity Name
DO2E INC.

Principal Place of Business	Mailing Address
1161 WEST DETROIT BLVD PENSACOLA, FL 32534	1161 WEST DETROIT BLVD PENSACOLA, FL 32534

REINSTATEMENT

CR2E039 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number 82-0548806 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCGUFFIN, THOMAS R 1161 WEST DETROIT BLVD PENSACOLA, FL 32534	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _(signature)_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **10-6-06**

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **PRES** NAME **MCGUFFIN, THOMAS R** STREET ADDRESS **4549 BAYBROOK DRIVE** CITY-ST-ZIP **PENSACOLA, FL 32514** ☐ Delete	TITLE NAME **300080785263** STREET ADDRESS **10/12/06--01068--008 **150.00** CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _(signature)_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-6-06** Daytime Phone # **850 477-0339**