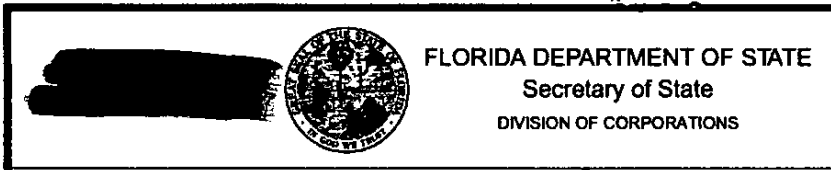


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04000152608**

1. Corporation Name  
**Sears & Associates Door Service, Inc.**

Doc# P04000152608

2005 UBR

05 APR 19 PM 1:49

2. Principal Office Address  
**9802 Baymeadows Rd.**

3. Mailing Office Address  
**same**

Suite, Apt. #, etc.  
**12**

Suite, Apt. #, etc.

City & State  
**Jacksonville, FL**

City & State

Zip Country  
**32256 Duval**

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida **11-3-04**

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

05

7. Name and Address of Current Registered Agent

Name  
**Michael D. Sears**

Street Address (P.O. Box Number is Not Acceptable)  
**9802 Baymeadows Rd.**

Suite, Apt. #, Etc.  
**suite 12**

City  
**Jacksonville**

State Zip Code  
**FL 32256**

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 *M.D. Sears* REGISTERED AGENT MUST SIGN

Date **4/15/05**

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
P/S	M.D. Sears	same as above	same

800053920328  
05/09/05--01052--007 \*\*150.00

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: *M.D. Sears* M.D. Sears 4-15-05 904/613-7018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (01/05)

B