


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			
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 32256	Country Duval	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 11-3-04		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
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 FL	Zip Code 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 <u>M.D. Sears</u>		Date <u>4/15/05</u>	
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
P/S	M.D. Sears	same as above	same
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: <u>M.D. Sears</u>		M.D. Sears	4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # 904/613-7018

CR2E031 (01/05)