2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000145496 SECRETARY OF STATE TALLAHASSEE, FLORIDA JACKSONVILLE OVERHEAD DOOR, CO. Principal Place of Business Mailing Address 14328 STACEY RD 14328 STACEY ROAD JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business No P.O. Box # 3. Mailing Address 11 REINSTATEMENT 98 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 20-3745050 Not Applicable Country Zψ Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 14328 STACEY ROAD JACKSONVILLE BEACH, FL 32250 City Zip Code FL 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: typed or printert name of registerial agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PN THE Defend BITEF Change Addition BERGE RICHARD NAME NAME 700112302017 11/14/07--01052--008 **19 14328 STACEY ROAD STREET ADDRESS STREET ADDRESS **150.00 CITY ST ZIP CHY ST JP JACKSONVILLE BEACH, FL 32250 Change ☐ Addition TIFFE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY 51 7P Delete TITLE ☐ Change ☐ Addition HILL NAME STREET ADDRESS STREET ADDRESS CHY St ZIP CITY ST ZIP HILL Deleie Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY ST ZIP Delete THUE ☐ Change Addition HILL NAMI MARA SURLET ADDRESS STREET ADDRESS CHY 51 7P CHY-SI-ZIP Delete TITLE ☐ Change Addition THLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY ST ZIP

12. Thereby certify that the information supplied with this filling 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: