PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2016 JAN 22 PM 4:51

TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14000005705

1 Corporation Name: PREMATURE DRIVEAWAY, INC.

2 Principal Office Address (No P.O. Box #)		3 Mailing Office Address	
170 1st Ave South		170 1st Ave South	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State: Jacksonville Beach, FL		City & State: Jacksonville Beach, FL	
Zip: 32250	Country: USA	Zip: 32250	Country: USA

4 Date Incorporated or Qualified To Do Business in Florida: 01/21/2014

5 FEI Number: 46-4598223 — Applied For

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

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt #, Etc.

City: Tallahassee State: FL Zip Code: 32301

700281325727

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: [signature] Courtney Williams, Asst. Vice President — Date 01.22.16

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
Pres	Anthony D. Walker	1701 1st Ave South	Jacksonville Beach, FL 32250

10 E-mail Address: PREMATUREDRIVEAWAY@GMAIL.COM
(To be used for future annual report notification)

11 I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that the accompanying reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 1/21/16 Date 813 260 0091 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony D. Walker, President

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 818643 7977382

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : October 2, 2015

ORDER TIME : 3:29 PM

ORDER NO. : 818643-010

CUSTOMER NO: 7977382

RECEIVED
16 JAN 22 PM 4:22
NOT ACKNOWLEDGE TO ACKNOWLEDGE SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: PREMATURE DRIVEAWAY, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____