

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF A DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000042588

1. Corporation Name

Donocue's, Inc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~9940 Pines Blvd.~~  
~~Pembroke Pines, FL~~  
~~33025~~

Mailing Address

~~9940 Pines Blvd.~~  
~~Pembroke Pines, FL~~  
~~33025~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
2736 Hollywood Blvd.

Suite, Apt. #, etc.

City & State  
Hollywood, FL 33019

Zip  
33019

Country  
U.S.A.

3. New Mailing Office Address, If Applicable  
2670 N.E. 215 Street

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip  
33180

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

6/01/95

5. FEI Number

65-0586280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Donoghue, Thomas	2736 Hollywood Blvd.	Hollywood, FL 33019

400002949324--B  
-11/17/97--01132--008  
\*\*\*\*173.75 \*\*\*\*173.75

8. Name and Address of Current Registered Agent

Hecht, Alan R.  
2670 N.E. 215 Street  
Miami, FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11.13.97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Donoghue

11.13.97 (305)933-1441

Date

Daytime Phone #

CR2E040 (12/95)