

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 17 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040353

1. Corporation Name
Doles Corp.

[Handwritten initials]

2. Principal Office Address - No P.O. Box #
913 N. BROADWALK

3. Mailing Office Address
913 N. BROADWALK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip Country
33019 US

Zip Country
33019 US

4. Date Incorporated or Qualified
To Do Business in Florida **5/6/1997**

5. FEI Number **65-0750364** Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Fedja Balkich

Street Address (P.O. Box Number is Not Acceptable)
1817 S OCEAN DR

Suite, Apt. #, Etc.
APT 228

City
HALLANDALE

State Zip Code
FL 33009

REINSTATEMENT 09-10

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date **12/13/10**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,VP	FEDJA BALKICH	913 N. BROADWALK	HOLLYWOOD, FL 33019
S.T	LARISA BALKICH	913 N. BROADWALK	HOLLYWOOD, FL 33019

10. E-mail Address: **fedja@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.13.10

Date

Daytime Phone #