

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 NOV -6 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000108598

1 Corporation Name

Dortch Enterprises, Inc.

2 Principal Office Address - No P.O. Box #

6425 Ulmerton Road

Suite Apt # etc

City & State

Largo, FL

Zip

33771

Country

Pinellas

3 Mailing Office Address

6425 Ulmerton Road

Suite Apt # etc

City & State

Largo, FL

Zip

33771

Country

Pinellas

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/1998

5 FEI Number

59-3485182

☐ 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

Michael D. Jansma

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

6425 Ulmerton Road

Suite Apt # Etc

City

Largo

State

FL

Zip Code

33771

700241559407  
11/06/12--01013--008 \*\*1200.00

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]*

Date

10-26-2012

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, D	Joseph W. Kelley	6425 Ulmerton Road	Largo, FL 33771
VP, S,			
T, D	Michael D. Jansma	6425 Ulmerton Road	Largo, FL 33771

*B* 11/6/12  
REINSTATEMENT 09-12

10 E-mail Address: mike@gemaffair.com

(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., and 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. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-2012

Daytime Phone

727-580-9900