

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 JUN 25 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18000087167

1. Corporation Name

DOSE GLOBAL HOLDINGS, INC.

200346764842

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

1200 Davie Boulevard

3. Mailing Office Address

1200 Davie Boulevard

Suite, Apt. #, etc.

107D

Suite, Apt. #, etc.

107D

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

Zip

33315

Country

USA

Zip

33315

Country

USA

CR2808: (1/1/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2018

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee Required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Derek A. Schwartz, P.A.

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

4755 Technology Way

Suite, Apt. #, Etc.

Suite 205

City

Boca Raton

State

FL

Zip Code

33431

200346764842
07/06/20--01007--001 **\$800.00

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

Date 6/24/2020

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	Tom Gregory	1200 Davie Boulevard, 107D	Ft. Lauderdale, FL 33315

DN
6/25

10 E-mail Address: derek@derekaschwartzpa.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:

Tom Gregory, President

6/24/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #