

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #235061 1. Entity Name DOPLER GROVES, INC.						FILED 07 OCT 25 PM 2:04 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1016 SUNSET TRAIL BABSON PARK, FL 33827				Mailing Address PO BOX 687 BABSON PARK, FL 33827			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
C. Name and Address of Current Registered Agent DOPLER, PATRICIA K. 11 CATHERINE AVE BABSON PARK, FL 33827				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
4. FEI Number NOT APPLICABLE				Applied for ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <u>Patricia K. Dopler</u> <u>Patricia K. Dopler</u> <u>10/22/07</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00				10. OFFICERS AND DIRECTORS			
TITLE SD ☐ Delete NAME DOPLER, SHAD E STREET ADDRESS 33 W GROOVE AVE CITY-ST-ZIP LAKE WALES, FL 33853				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE ☐ Change ☐ Addition NAME Shad E Dopler STREET ADDRESS 41 Catherine Ave CITY-ST-ZIP Babson Park, FL 33827			
TITLE VP D ☐ Delete NAME DOPLER, DAVID R STREET ADDRESS 1062 SANDY PT RD CITY-ST-ZIP BABSON PARK, FL				TITLE ☐ Change ☐ Addition NAME VP D David R. Dopler STREET ADDRESS 1016 Sunset Trail CITY-ST-ZIP Babson Park, FL 33827			
TITLE T ☐ Delete NAME DOPLER, DAVIA R STREET ADDRESS 1062 SANDY PT ROAD CITY-ST-ZIP BABSON PARK, FL 33827				TITLE ☐ Change ☐ Addition NAME David R Dopler STREET ADDRESS 1016 Sunset Trail CITY-ST-ZIP Babson Park, FL 33827			
TITLE P D ☐ Delete NAME DOPLER, PATRICIA K STREET ADDRESS 11 CATHERINE AVE CITY-ST-ZIP BABSON PARK, FL 33827				TITLE ☐ Change ☐ Addition NAME 700111358487 STREET ADDRESS 10/25/07--01040--001 **\$750.00			
TITLE ☐ Delete NAME 10/26 STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☒ Addition NAME Asst. S. P. Leona Holmes STREET ADDRESS 239 Tyler St. CITY-ST-ZIP LAKE WALES, FL 33853			
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Patricia K. Dopler</u> <u>Patricia K. Dopler</u> <u>10/22/07</u> <u>863638-1286</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date License Number							