PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM pg 1 of 2

APPLICATION FOR REINSTATEMENT

02 weber

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -7 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 432081

1. Corporation Name

DONIC CORP, INC.

Principal Place of Business	Mailing Address
623 SANDY CREEK DRIVE BRANDON FL 33511 US	P.O. BOX 413 HIGHLAND CITY FL 33846 US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/03/1973

5. FEI Number: 59-1475199 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	NICHOLS, CHRISTINA	623 SANDY CREEK DRIVE	BRANDON FL 33511

000008568070
10/24/02--01063--002 **61.25

000008568070
11/06/02--01138--011 **88.75

8. Name and Address of Current Registered Agent

NICHOLS, CHRISTINA JEAN
623 SANDY CREEK DRIVE
BRANDON FL 33511

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Christina Nichols SIGNATURE REQUIRED Date: 10-21-02

REGISTERED AGENT MUST SIGN

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 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: Christina Nichols SIGNATURE REQUIRED Christina Nichols 10.21.02 (863) 984-3974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10-01-02

To whom it may concern.

I have not recieved any annual report at my PO Box 413, Highland City, FL 33846. Could it be possible it was mailed to the Brandon office which is on the report you sent with the dissolution papers? Because our office is no longer there. This reason is why I don't like having the physical address anywhere on any reports, or tax papers, everything should be sent to the P.O. Box. Please wave the $700.00 fee, and reinstate the Corporation.

DonicCorp Inc
P.O. Box 413
Highland City, FL 33846

Christena J Nichols / President