PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

corporation reinstatemen 2013-2014	7		EPART ecretary on of co	of Sta	ite	TATE		14 FE3		
DOCUMENT # 715126 1. Corporation Name					SECRETARY OF STATE FALLAHASSEE, FLORIDA					
Dover Hall Condominium Corp 2. Principal Office Address No P.O. Box # 3. Mailing Office Address										
4331 NW 16th Street 🗠 🗠 Lau			lerhill Ten Management Corp				CR2E081 (11/10)			
Suite, Apt. #, etc.		01 NW 16th Street				Date Incorporated or Qualified To Do Business in Florida				
Lauderhill, FL		Lauder	FL			08/19/1968 5. FEI Number 59-13203	umber Applied			
l '	·			Country	itry		6.	TIFICATE OF STATUS DESIRED \$8.75 Addition for a Certific		
7. Name and Address of Current Registered Agent										
Emile Gauvreau										
Street Address (P.O. Box Number is Not Acceptable) 4301 NW 16th Street										
"Suite, Apt. #, Etc.						- , , at , T	200256585742 02/11/1401002002 **2975.00			
Lauderhill				FL 3	zթլ¢ 33313					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the co						cept the ob	ligations of sect	ion 607.0505 or 617.0503, F.	S.	
Signature of Registered Agent							Date 01/30/2014			
Q Names and Street Address		EGISTERED AGEN			tions ou	na lina na lan	at 2 diseases			
Titles	a and Street Addresses of Each Officer and/or Director (Fi Name of Officers and/or Directors		Street Address of Each Officer and/or Director			s of Each	st 3 directors)	City / State / Zip		
P Rot	Robert Lemieux			V W 1	6th	Street	, D-306	Lauderhill,	FL 3331	3
VP Marc	Marc Pierre Plouffe			V W 1	6th	Street	., D-308	Lauderhill,	FL 3331	3
T Ga	Gaetan Houle			W 1	6th	Street	, D-202	Lauderhill,	FL 3331	3
S Ric	Richard Poitras		331 N	NW 1	6th	Street	, D-105	Lauderhill,	FL 3331	3
D Jaco	D Jacques Asselin			NW 1	6th	Street	, D-203	Lauderhill,	FL 3331	3_

10. E-mail Address; lauderhill10@comcast.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 filling 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.

SIGNATIII	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/2014

9547331922 Daytime Phone #