

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F10373*

1. Corporation Name

The Dot Realty Corporation

2. Principal Office Address

6010 Sanders St.

3. Mailing Office Address

31228 BAILARD Rd.

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Malibu CA

Zip

32504

Country

USA

Zip

90265

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 13, 1980

5. FEI Number

59-2057686

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

Dorothy A. Greene

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

6010 Sanders St.

Suite, Apt. #, Etc.

Suite F

City

Pensacola

State

FL

Zip Code

32504

400003482354--8

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*****750.00 ****750.00*

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

Dorothy A. Greene

REGISTERED AGENT MUST SIGN

Date *11-6-2000*

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
<i>D</i>	<i>Joseph H. Greene</i>	<i>31228 BAILARD Rd</i>	<i>MALIBU, CA 90265</i>
<i>PST</i>	<i>Dorothy A. Greene</i>	<i>31228 BAILARD Rd</i>	<i>MALIBU, CA 90265</i>

10. 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:

Dorothy A. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-2000

Date

Daytime Phone #

3104571702