

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAR -4 AM 8:32

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000029

1. Corporation Name

Dove of Hollywood G.P. Inc

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

6000 Meadowbrook
Mall

3. Mailing Office Address

PO Box 1670

Suite, Apt. #, etc.

Suite 21

Suite, Apt. #, etc.

City & State

Clemmons NC

City & State

Clemmons NC

Zip

27012

Country

USA

Zip

27012

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1996

5. FEI Number

56-2004240

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100256686241
03/04/14--01022--023 **158.75

100256686241
02/12/14--01023--021 **150.00

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

Maria Edwards Asst. Secretary

REGISTERED AGENT MUST SIGN

Date 2/6/14

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. Gray Angell Jr	6000 Meadowbrook Mall, Suite 21	Clemmons NC 27012
VP	Vera C Angell	↓	↓
Sec	Dana Lu Bryson	↓	↓

10. E-mail Address: ganzhorn@bellsouth.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 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:

D. Gray Angell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/14

Date

336 766 566 x 11

Daytime Phone #

D Gray Angell, President

RG 3/5/14