

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV -2 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H23254

i. Corporation Name

DOLMAN CORPORATION

Principal Office Address

201 EAST OCEAN AVENUE

3. Mailing Office Address

201 EAST OCEAN AVENUE

Apt. #, etc.

SUITE #7

Suite, Apt. #, etc.

SUITE #7

City & State

LANTANA, FLORIDA

City & State

LANTANA, FLORIDA

33462

Country
USA

Zip
33462

Country
USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1984

5. FEI Number

650179625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

XXXXXXXXXXXXXXXXXXXX

ROBERT E. BOURNE, JR., ESQUIRE

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

XXXXXXXXXXXX

521 LAKE AVENUE

Suite, Apt. #, Etc.

SUITE #3

City

LAKE WORTH
XXXXXXXXXX

State
FL

Zip Code 33460
XXXXXX

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

Robert Bourne, Jr.
REGISTERED AGENT MUST SIGN

Date 11/01/2000

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
PTSD	KARL LINDROOS	201 EAST OCEAN AVE., SUITE 7	LANTANA, FL 33462
			LS
			800003463425--0
			-11/14/00--01093--009
			****758.75 ****758.75

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: KARL LINDROOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/2000 (561) 588-0095

Date

Daytime Phone #

CR2E081 (9/99)