

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harzis

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06348

1. Corporation Name:

DOT PRINTING INC.

Principal Place of Business

% DOROTHY GALLEHER
4517 GEORGE RD., SUITE 220
TAMPA FL 33634

Mailing Address

% DOROTHY GALLEHER
4517 GEORGE RD., SUITE 220
TAMPA FL 33634

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1989

5. FEI Number

59-2963053

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
D	GALLEHER, DOROTHY M.	14905 COLDWATER LANE	TAMPA FL
D	KATHS, KATHY	2227 SHADEHILL COURT	TAMPA FL

9000003187769--0
-03/29/00--01006--025
*****900.00 *****300.00

8. Name and Address of Current Registered Agent

GALLEHER, DOROTHY
4517 GEORGE RD.
SUITE 220
TAMPA FL 33634

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

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Agent Dorothy M. Galleher **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 3/1/2000

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 M. Galleher **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/1/00 813884-0556
Daytime Phone #

KE