


\$2,672.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L17608

**1. Corporation Name**  
DOP & SON, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR -8 AM 8:00

**REINSTATEMENT** 99-04

<b>2. Principal Office Address</b> <u>7181 Cardinal St.</u> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <u>9 Byrsonima Ct. West</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>HOMOSASSA FL</u>		<b>City &amp; State</b> <u>HOMOSASSA FL</u>	
<b>Zip</b> <u>34447</u>	<b>Country</b> <u>U.S.A.</u>	<b>Zip</b> <u>34446</u>	<b>Country</b> <u>U.S.A.</u>
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>1984</u>		<b>5. FEI Number</b> <u>59-2962170</u>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>\$8.75 Additional Fee required for a Certificate of Status</b>			

MRD

**7. Name and Address of Current Registered Agent**

**Name** George R. Kanaris

**Street Address (P.O. Box Number is Not Acceptable)** 9 Byrsonima Ct. West

**Suite, Apt. #, Etc.**

**City** HOMOSASSA

**State** FL **Zip Code** 34446

200032273192  
04/09/04--01018--004 \*\*15.00

**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** [Signature] **Date** 11/5/03

**REGISTERED AGENT MUST SIGN**

**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
PR.	George R. Kanaris	9 Byrsonima Ct West	HOMOSASSA FL 34446
V.P.	Deborah M. Kanaris	9 Byrsonima Ct. West	HOMOSASSA, FL 34446
Sec.	MARIA T. Kanaris	3848 Springbreeze way,	HOMOSASSA FL 34447
Tres.	ROUSSO G. Kanaris	9 Byrsonima Ct. West	HOMOSASSA FL 34446
			<u>200032273192</u>
			<u>04/09/04--01018--005 **2522.50</u>

**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:** [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** 03/15/04 **Daytime Phone #** (352) 628-6596  
382-0822  
(H)

CR2E081 (10/02)