

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 27 AM 10:48

DOCUMENT # **LS1487**

1. Corporation Name **Doehring & Associates, Inc.**

2. Principal Office Address

2326 W. Memorial Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

2326 W. Memorial Blvd.
Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33815

Country

USA

City & State

Lakeland, FL

Zip

33815

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 16, 1990

5. FEI Number

59-3003206

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

Mona Doehring

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

3812 Bruce Blvd.

Suite, Apt. #, Etc.

City

Lake Wales

State

FL

Zip Code

33853

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

Mona Doehring

REGISTERED AGENT MUST SIGN

Date

2/01/01

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

Pres	Mona Doehring	2326 W. Memorial Blvd	Lakeland, FL 33815

AD

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:

Mona Doehring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/01
Date

(863) 688-7666
Daytime Phone #