

FILED

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6227

Tallahassee, FL 32319

04 JAN -2 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000030875

## 1. Corporation Name

Dodge Patrol, Inc.

## 2. Principal Office Address

226 North Atlantic Ave. Same

Suite, Apt. #, etc.

## 3. Mailing Office Address

Suite, Apt. #, etc.

## City &amp; State

Cocoa Beach

## City &amp; State

FL.

Zip 32931

Country Brevard

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

## 5. FEI Number

593641124

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

William TROY HARRIS

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

35 River Falls Dr.

400825940304  
01/02/04--01055--015 \*\*750 00

Suite, Apt. #, Etc.

## City

Cocoa Beach

State  
FL

## Zip Code

32931

## 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

W. Troy Harris

REGISTERED AGENT MUST SIGN

Date 12/30/03

## 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	W. TROY HARRIS	35 River Falls Dr.	Cocoa Beach FL 32931
V. Pres	Donna HARRIS	35 River Falls Dr.	Cocoa Beach, FL 32931

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:

W. Troy Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03 321-453-7963

Daytime Phone #

CR2001 (10/02)