

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045324

1. Corporation Name

DOONEY MOORING MASTER, INC.

Principal Place of Business

~~700 NORTHEAST 75TH STREET
MIAMI FL 33138~~

Mailing Address

~~700 NORTHEAST 75TH STREET
MIAMI FL 33138~~

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

2. New Principal Office Address, If Applicable

~~P.O. Box 530135~~

3. New Mailing Office Address, If Applicable

~~P.O. Box 530135~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~MIAMI, FL~~

City & State

~~MIAMI, FL~~

Zip

~~33153-0135~~

Country

~~USA~~

Zip

~~33153-0135~~

Country

~~USA~~

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2000

5. FEI Number

65-1005371

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PSTD

DOONEY, KEVIN M

~~700 NORTHEAST 75TH STREET~~

~~MIAMI FL 33138~~

NEW
ADDRESS

P.O. Box 530135

MIAMI FL 33153-0135

200008754902

11/01/02--01034--014 **750.00

Brul7

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

CP2EM40 (5/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SPIEGEL & UTRERA, P.A.

REGISTERED AGENT MUST SIGN

Date

10-27-02

11. 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:

SPIEGEL & UTRERA, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-02

786-512-8823

Date

Daytime Phone #