

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -4 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000069873

1. Corporation Name

Dolly's Grocery Inc

2. Principal Office Address

2977 W Broward

Suite, Apt. #, etc.

3. Mailing Office Address

5885 N Sable Circle

Suite, Apt. #, etc.

City & State

Ft. Lauderdale Fla

Zip

33311

Country

Broward

City & State

Margate Fla

Zip

33063

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

5/2002

5. FEI Number

65-1036597

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

09-18-01 90006 609 \$150.00

7. Name and Address of Current Registered Agent

Name

Lakeisha Graham

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

5885 N. Sable Circle

Suite, Apt. #, Etc.

800005307428-4

-04/19/02--01029--009

\*\*\*\*150.00 \*\*\*\*150.00

City

Margate

State

FL

Zip Code

33063

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

Lakeisha Graham

REGISTERED AGENT MUST SIGN

Date 4-2-02

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

President

Lakeisha Graham

5885 N. Sable Circle

Margate, FL 33063

Vice

1

Johnnie

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:

Lakeisha Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 954) 974-6792

Date

Daytime Phone #

CR2E081 (9/01)

4-2-02

To Whom it may Concern,  
I Lakeisha Graham file my Corporation  
in the year 2000. I did not receive  
any more information on filing annual  
report. I did receive year 2001 which  
I sent \$150.00 check to you all which  
was cash. I apperate if you'll wave  
all Penalties against me. My Store is not  
open. I did not receive mail.  
I'm Sending a Check for \$150.00 to update  
my filing for 2002.

Yours truly,  
Lakeisha Graham