

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN -4 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070696

1. Corporation Name

ERIN DODDY INC.

Principal Place of Business

410 NORWOOD AVE.
SATELLITE BEACH FL 32937

Mailing Address

410 NORWOOD AVE.
SATELLITE BEACH FL 32937

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/2000

5. FEI Number

59-3670578

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DODDY, ERIN P	410 NORWOOD AVE.	SATELLITE BEACH FL 32937
			000004757000--7 -01/07/02--01073--019 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DODDY, ERIN P
410 NORWOOD AVE.
SATELLITE BEACH FL 32937

9. Name and Address of New Registered Agent

Name Douglas A. Person CPA
Street Address (P.O. Box Number is Not Acceptable) 1790 Hwy A-1A Suite 202
Suite, Apt. #, Etc. Satellite Beach
City FL
State FL Zip Code 32937

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.

AD

Signature of
Registered Agent

Douglas A. Person
REGISTERED AGENT MUST SIGN

Date

10-30-07

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:

Erin P. Doddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-07

Daytime Phone #

CR2ED40 (8/01)

20F2

December 6, 2001

Divisions of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Attn: Andy Dunlap
Document Specialist Supervisor

Re: Letter Number: 001A00063549
Erin Doddy Inc - P0000070696

Dear Mr. Dunlap,

I am writing this letter to verify that I never received the report mentioned in your letter of November 30, 2001. When I went to the paralegal agency to incorporate my company, I was never told that I would be receiving this form. I was aware that I would be getting documents relating to incorporation and that I needed to file for an Employer Identification number and apply for S Election. There was never any mention of other required forms.

I went to see an accountant and he has helped me to organize my company. As his letter mentioned to you, the secretary is no longer working with me. I never received the original report, and I went to see my accountant as soon as this was brought to my attention.

Your help in this matter is greatly appreciated. I have tried to maintain accurate records to avoid this happening again.

Thank you for your consideration.


Erin Doddy Inc.