

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009477

1. Corporation Name

DoDa Ventures, Inc.

2. Principal Office Address

654 W. Brandon Blvd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

3. Mailing Office Address

654 W. Brandon Blvd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/25/01

5. FEI Number

593698411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$675 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Don Griffin

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

21127 Lake Vienna Drive

10/31/03--01025--007 **150.00

Suite, Apt. #, Etc.

City

Land O' Lakes

State
FL

Zip Code
34639

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

Don Griffin

Date 10/28/03

REGISTERED AGENT MUST SIGN

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
P	Don Griffin	21127 Lake Vienna Drive	Land O' Lakes, FL 34639
VP	Dawn Griffin	21127 Lake Vienna Drive	Land O' Lakes, FL 34639

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)(n), 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:

Don Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

Date

813-494-4095

Daytime Phone #

CRS001 (10/02)

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-19-2007 BY 60322 UCBAW/SJS/KSP