

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 31 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017285

1. Corporation Name
Dove Run, Inc.

REINSTATEMENT 04-05

MRD

2. Principal Office Address
34851 SR 54W

3. Mailing Office Address
34851 SR 54W

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Zephyrhills, Florida

City & State
Zephyrhills, Florida

Zip
33541

Country
USA

Zip
33541

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/15/2001

5. FEI Number
59-3710649

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
Hill, Carl D.

Street Address (P.O. Box Number is Not Acceptable)
34851 S.R. 54 West

Suite, Apt. #, Etc.
Suite 101

City
Zephyrhills

900045030839
01/19/05--01047--016 **211 25

900045030839
02/10/05--01002--006 **697 50

State Zip Code
FL 33541

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

Date 01/06/05

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
DP	Hill, Carl D.	34851 SR 54W Suite 101	Zephyrhills, FL 33541
DS	Hill, Kimberly A.	34851 SR 54W Suite 101	Zephyrhills, FL 33541
DV	Ostermann, Keith	10439 Lamson Rd.	Dade City, FL 33525
D	Ostermann, Kim M	10439 Lamson Rd.	Dade City, FL 33525

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/05

Date

813-782-7705

Daytime Phone #

CR2E081 (01/05)