

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 <u>02/15/2001</u>	
5. FEI Number 59-3710649	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	900045030839 01/19/05--01047--016 **211 25
Suite, Apt. #, Etc. Suite 101	900045030839 02/10/05--01002--006 **697 50
City Zephyrhills	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: *Carl Hill* Date 01/06/05 Daytime Phone # 813-782-7705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)