

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 SEP -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036799

1. Corporation Name

DOTTIE CASSEL P.A.

2. Principal Office Address - No P.O. Box #

2025 SANDPIPER PT

Suite, Apt. #, etc.

NEPTUNE Bch

City & State

FL 32266

Zip

32266

Country

Normal

3. Mailing Office Address

2025 SANDPIPER PT

Suite, Apt. #, etc.

NEPTUNE Bch, FL 32266

City & State

NEPTUNE Bch, FL 32266

Zip

32266

Country

Normal

REINSTATEMENT 03-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4-4-01

5. FEI Number

593553314

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DOTTIE CASSEL

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

2025 Sandpiper Pt

Suite, Apt. #, Etc

City

Neptune Beach

State

FL

Zip Code

32266

100211672501
09/01/11--01018--008 **1958.75

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

Dottie Cassel P.A.

REGISTERED AGENT MUST SIGN

Date 8-24-11

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
<u>Owner</u>	<u>DOTTIE CASSEL</u>	<u>2025 SANDPIPER PT</u>	<u>NEPTUNE BEACH, FL 32266</u>

10. E-mail Address: DOTTIECASSEL@WATSONREALTYCORP.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Dottie Cassel DOTTIE CASSEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-24-11

Daytime Phone #

748-5355