

APPROVED AND FILED


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

06 OCT 10 AM 11:58

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000070900**

1. Corporation Name
C. DOONE INC.

2. Principal Office Address
3050 S.W. 14th PLACE
UNIT #15

3. Mailing Office Address

4. City & State
BOYNTON BEACH FL.

5. Zip
33426

6. Country
PALM BEACH

REINSTATEMENT 02-06 REC
CR2E081 (12/05)

4. Date incorporated or Qual To Do Business in Florida **7-16-2001**

5. FEI # **651122407**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee (app. for a Certificate of Status)

7. Name and Address of Current Registered Agent

CHARLES DOONE
3050 SW 14TH PLACE #15
BOYNTON BEACH, FL 33426

State **FL**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHARLES DOONE	3050 S.W. 14th PLACE	BOYNTON BEACH 33426

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 contained in Chapter 119, 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: *Charles Doone* **10/3/06** **561 7972320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document corrected per Debra Flaggman, Secretary to Charles Doone.
JSC

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FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. DOONE
3050 S.W. 14th PLACE
BOYNTON BEACH FL. 33426
561 7972320

10.3.06

I REQUEST THE REINSTATEMENT FEE
BE WAIVED. I DID NOT RECEIVE THE ANNUAL
REPORT NOTICE IN 2002.

THANK YOU

C. Doone