

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085632

1. Corporation Name

Dolly's Dockside Inc.

9022 West Hillsborough Avenue
Tampa, FL 33615

2. Principal Office Address

9022 West Hillsborough Avenue

3. Mailing Office Address

Tampa, FL 33615

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

Zip

33615

Country

4. Date Incorporated or Qualified

To Do Business in Florida 08/27/01

5. FEI Number
593758415

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

Hartman, Heather L.

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

4779 Lakeshore Loop

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Heather L. Hartman

Date 7/01/04

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
D-P-Vp T-S	Heather L. Hartman	4779 lakeshore Loop	Oldsmar, FL 34677

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:

Heather L. Hartman Heather Hartman D-Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/04

Daytime Phone #

83-244-4595

CP2E081 (01/04)

Dolly's Dockside Inc

9022 West Hillsborough Ave
Tampa, FL 33615

222

July 1, 2004

Divisions of Corporations

Dear Sir or Madam:

During the past year and a half I did not receive any reinstatement forms. The information of the dissolution of the corporation was brought forth from a vendor of mine. At this point, I do not know how the information was not passed to me. I recently had a child and I do not know if the employees failed to give me the notice. I have realized some mail has not reached my hands or my attention. Please accept my payment. I apologize for the inconvenience and I can assure you the next year I file online and I am getting a P O Box.

Sincerely,
Heather Hartman
President
