

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 15 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02600051144
1. Corporation Name DOLCI EVENTS INC.

2. Principal Office Address
6345 NW 43 TER
Suite, Apt. #, etc.
City & State
COCONUT CREEK, FL
Zip
33073 Country
U.S.

3. Mailing Office Address
6345 NW 43 TER
Suite, Apt. #, etc.
City & State
COCONUT CREEK, FL
Zip
33073 Country
U.S.

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4. Date Incorporated or Qualified To Do Business in Florida 5/6/02
5. FEI Number 03-0476607 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
SABRINA SIDOTI
Street Address (P.O. Box Number is Not Acceptable)
6345 NW 43 TER
Suite, Apt. #, Etc.
City
COCONUT CREEK
State
FL Zip Code
33073

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01/15/04--01010--011 **190.00

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 [Signature] Date 12/10/03
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
<u>P</u>	<u>SABRINA SIDOTI</u>	<u>6345 NW 43 TER</u>	<u>COCONUT CREEK, FL 33073</u>

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] 12-8-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

 Dolci Events, Inc.
6345 NW 43rd Terrace
Coconut Creek, FL 33073

October 20, 2003

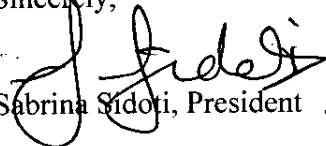
Florida Dept of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

RE: Dolci Events, Inc.
03-0476607

I am writing in response to my recent phone conversation with a revenue specialist within the department. The above referenced corporation has been recently placed on inactive status due to the fact that the 2003 annual report was not filed. Please be advised that the annual report was not received by my office, therefore we were unable to file the report. Enclosed please find a check in the amount of \$150 for the annual fee.

I appreciate your assistance and please do not hesitate to contact me if you need to discuss this matter further.

Sincerely,


Sabrina Sidoti, President