PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 21 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-08 KS

CR2E081 (12/07)

WOP

W08-16750

1. Corporation Name
DOX Enterprises, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Rica Danastor	4351 NW 107 AVE
Suite, Apt. #, etc.: 4351 NW 107Ave	Suite, Apt. #, etc.
City & State: Coral Springs Fl	City & State: Coral Springs Fl.
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 07-03-2002

5. FEI Number 760702269 ☐ 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: Rica Danastor
Street Address (P.O. Box Number is Not Acceptable): 4351 NW 107 Ave
Suite, Apt. # Etc.
City: Coral Springs State: FL Zip Code: 3306

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 X _____ Date 03/28/08
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
VP	NEKITA DANASTOR	4351 NW 107 Ave Coral Springs FL. 33065	Coral Springs FL. 33065
SC	JOHANE DEROSIER	4351 NW 107 Ave	Coral Springs FL. 3306
T	JWesley DEROSIER	4351 NW 107 ave	coral springs Fl 33065
D	Jean Onan Derosier	4351 NW 107 ave	Coral Springs, Fl 33065
P	RICA DANASTOR	4351 NW 107 ave	coral springs Fl 33065
D	SCHELLA DEROSIER	4351 NW 107 ave	coral springs, Fl 33065

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: _____ 03-27-08 (754) 368 5619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #