2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000137009

Entity Name: DOLANLIL, INC.

FILED Feb 01, 2005 Secretary of State

y	iidi boli (i teli	_, 1140.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ICKHAM ROAE RNE, FL 32904				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TERBURY DRI TIC, FL 32903	VE US			
FEI Number:	20-0404740	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	me and Address of New Registered Agent:	
1690 CAN	QUILLO, LILLIAI TERBURY DRI TIC, FL 32903				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: LILLIAN C	ARRASQUILLO			
	Electron	ic Signature of Registered Ag	jent	Date	
		3(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () CARRASQUILLO 1690 CANTERB INDIALANTIC, F	URY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () TORRES, DOLA 1690 CANTERB INDIALANTIC, F	URY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN CARRASQUILLO P 02/01/2005