

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000149435

1. Corporation Name

Dockmaster Investments, Inc.

2. Principal Office Address - No P.O. Box #

9838 Old Baymeadows Road

Suite, Apt. #, etc.

3. Mailing Office Address

9838 Old Baymeadows Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

USA

City & State

Jacksonville, FL

Zip

32256

Country

USA

100176531391  
04/20/10--01016--011 \*\*450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 12/10/2003

5. FEI Number  
41-2130106

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

FuseForm, Inc.

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

9838 Old Baymeadows Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

☒ 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

*Paul Hall, Jr.*

Date

4/15/10

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
P	Curtis Stodghill	201 E McBee Ave Ste 300A	Greenville, SC 29601

10. E-mail Address: khall@stodghill-law.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

*Curtis Stodghill*

Curtis Stodghill

04/15/10

864.271.0966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #