

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 23 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904 000083122

1. Corporation Name

Douglas Brothers, Inc.

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

941 NW 97th Avenue

Suite, Apt. #, etc.

City & State

Plantation

Zip

33324

Country

USA

3. Mailing Office Address

941 NW 97th Avenue

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

REINSTATEMENT

CR2E081 (1/07)

06.07

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/2004

5. FEI Number

20-247481

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

Leroy Douglas

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

Suite, Apt. #, Etc.

941 NW 97th Avenue

City

Plantation

State

FL

Zip Code

33324



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 OMC

REGISTERED AGENT MUST SIGN

Date 10.22.07

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	Leroy Douglas	941 NW 97th Avenue	Plantation, FL 33324

500111238385
10/23/07 01057 004 **300.00

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:

X OMC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.27.07 954-472-9144

Date

Daytime Phone #