
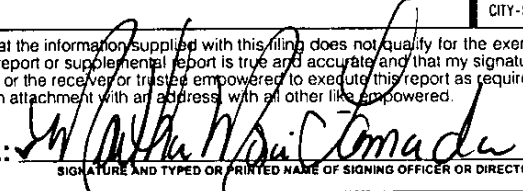


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000088561 1. Entity Name DOLLY DEVELOPMENT, INC.					
Principal Place of Business 1470 N.W. 107 AVENUE MIAMI, FL 33172				Mailing Address 1470 N.W. 107 AVENUE MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 12550 Biscayne Blvd.		3. Mailing Address 12550 Biscayne Blvd.			
Suite, Apt. #, etc. #507		Suite, Apt. #, etc. #507			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-3081814	
Zip 33181		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAMADA, MARIO 1470 N.W. 107 AVENUE SUITE C MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12550 Biscayne Blvd., #507 City Miami FL Zip Code 33181	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FAMADA, MARIO 1470 N.W. 107 AVENUE SUITE C MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12550 Biscayne Blvd., #507 Miami, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FAMADA, MARTHA M 1470 N.W. 107 AVENUE SUITE C MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12550 Biscayne Blvd., #507 Miami, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 2/21/07 <input checked="" type="checkbox"/> (30) 77-8110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #		

FILED

07 MAR -2 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07 Wap