

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 DEC 31 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/31/09--01054--004 **150.00

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08000046023**

1. Corporation Name

Dove Interpreting, Inc

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

1610 Royal Forest CT

Suite, Apt #, etc.

City & State

West Palm Bch

Zip
33406

Country
PBC

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

May 7, 2008

5. FEI Number

35-2335205

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
Jocelyne Dillard

Street Address (P.O. Box Number is Not Acceptable)
1610 Royal Forest Ct

Suite, Apt. #, Etc.

cell # 561-305-9376

City
WPB

State

Zip Code

FL 33406

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

Jocelyne Dillard

REGISTERED AGENT MUST SIGN

Date **12-29-09**

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
President Secretary Treasurer	Jocelyne Dillard	1610 Royal Forest CT	561-305-9376 WPB, FL 33406

REINSTATEMENT

RH

10. E-mail Address: **doveinterpreting@yahoo.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:

Jocelyne Dillard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-09

Date

Daytime Phone #