

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P94000004758

1. Corporation Name

DODGE LAKE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7770 AVIATION BOULEVARD
MARATHON FL 33050

7770 AVIATION BOULEVARD
MARATHON FL 33050

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 NOV 27 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/1994

5. FEI Number

65-0473732

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	HOFFMAN, HANS PETER	7770 AVIATION BOULEVARD	MARATHON FL 33050
			900003497369-4 -12/12/00--01071--029 *****17.50 *****17.50
			900003497369-4 -12/12/00--01071--030 ****150.00 ****150.00
			900003497369-4 -12/12/00--01071--031 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIGOLA, ALFRED K PA
5701 OVERSEAS HWY
MARATHON FL 33050

Name

Nicholas Mullick C/O Hershoff, Lupino
Mullick LLP

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

90130 OLD HIGHWAY

Suite, Apt. #, Etc.

City

TAVERNIER, FL.

State

FL

Zip Code

33070

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Nicholas Mullick
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/17/00

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17 00

Daytime Phone #

305 743 7002