


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 JUN 16 PM 12:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PG14000004758</u>					
1. Corporation Name <u>Dodge Lake Enterprises, Inc.</u>					
2. Principal Office Address <u>7770 Aviation Boulevard</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>P.O. Box 298</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>1/20/94</u>	
City & State <u>Marathon, FL</u>		City & State <u>Marathon, FL</u>		5. FEI Number <u>65-0473732</u> Applied For <input type="checkbox"/> Not Applicable	
Zip <u>33050</u>	Country <u>USA</u>	Zip <u>33050</u>	Country <u>USA</u>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>Thomas D. Wright</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>9711 Overseas Highway</u> <u>900038007539</u>					
Suite, Apt. #, Etc.					
City <u>Marathon</u>				State <u>FL</u>	Zip Code <u>33050</u>
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 <u>Thomas D. Wright</u> Date <u>6/14/04</u> 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,S,T	<u>Hanspeter Hoffmann</u>	<u>Postfach 353 FL-9495 Triesen</u>		<u>Furstentum Liechtenstein</u>	
VP	<u>Allen Pedersen</u>	<u>5603 Woodland Drive</u>		<u>Douglasville, GA 30135</u>	
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 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: <u>Hanspeter Hoffmann</u>		Date <u>6/14/04</u>		Daytime Phone # <u>011423/392 38 22</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 06-16-04

NAME: DODGE LAKE ENTERPRISES, INC.

TYPE OF FILING: REINSTATEMENT

COST:

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

