| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR | ĭM. |
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| | APPLICATION 1 |
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| RI | EINSTATEMENT |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000061144

Corporation Name

DORSCHER PROPERTIES, INC.

Principal Place of Business
13698 Brownley Pointe Dr

Mailing Address

Box 4973

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| REINSTATEME | N199-10 |
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| | onvill | e, Beach, FL | Orl | ando, I | FL 32 | 802-4973 | reins | TATEMENT | 940 | | |
|--|----------------------------------|--|---|----------------------|--|---|--|--|---|--|--|
| If above addresses are incorrect in any way, line through incorrect in New Principal Office Address, If Applicable 3. New Mailin | | | | | nformation and enter correction below. | | | DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified | | | |
| L. New Fillicipal Office Address, II Applicable | | | | | | | To Do Business in Florida 8/19/94 | | | | |
| Suite, Apt. #, etc. Suite, Apt. | | | | , etc. | | | 5. FEI Number Applied For | | | | |
| City & State . Cit | | | City & State | City & State | | | 59-3262930 Not Applicable | | | | |
| ip Country | | | Zip Country | | | | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements for a Certificate of Statu | | | | |
| . Names | and Street A | ddresses of Each Officer and | /or Director (Flo | rida nonprof | | | | | | | |
| . Name of Officers Title(s) and/or Directors | | | Street Address of I Officer and/or Dire 3 (Do NOT Use Post Office B | | er and/or Director | • | City / State / Zip | | | | |
| : P/C | P/C Bob Alligood | | | | | ley Pointe Dr. | | Jacksonville Bea | ich, FL | | |
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| · ——— | | | | | | | | | | | |
| | 8 Na | me and Address of Current | Registered Age | ent · | . 1 | 9. Name and Address of New Registered Agent | | | ent | | |
| REC (| | te Services of | | | a. Inc | Name | <u></u> | | | | |
| | | ge Ave., Ste. 1 | | 1 101 1,00 | , | | P.O. Box Number | is Not Acceptable) | | | |
| Orlando, FL 32801 | | | | | Suite, Apt. #, Etc | | | · | | | |
| | | | | ٠, | | City | | State FL | Zip Code | | |
| *0. I, being Signature (Registered | of () | the registered agent of the above the registered agent of the registered agent agent of the registered agent of the registered agent agent of the registered agent a | egicTERED A | | | h and accept the o | bligations of Sect | Date | | | |
| 11. De | oes this ept. of F | corporation pay Revenue under S | any intang . 199.032, | gible tax Florida | x to the a Statu | e ites. Yes | | X (See other side on intang | | | |
| *2. I do he lease ! | ereby certify the Division of | that the information supplied of Corporations from any fiab | with this filing is | voluntarily fi | urnished a lection 119 | nd does not qualif .07(3)(k) in the ev | y for the exemption that the information | on stated in Section 119.07(3)(k mation supplied is deemed exem | , Florida Statutes. I re- pt from public access. I | | |

tested the displacement in the properties of the corporation for 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 filling 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., and that all fees owed by the corporation have been paid. 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:

Bob Alligood, President