

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065422**

1. Corporation Name  
**DORCAS' DOOR, INC.**

FILED

97 JAN -3 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~500 E. CHERWOOD AVE~~  
~~SATELLITE BEACH FL 32937~~

Mailing Address

PO BOX 372126  
SATELLITE BEACH FL 32937-0126



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

2. New Principal Office Address, If Applicable

~~355 TORTOISE VIEUX DR~~  
Suite, Apt. #, etc.

~~SUITE # D~~

City & State  
~~SATELLITE BCH, FL~~

Zip Country  
~~32937 BREVARD~~

3. New Mailing Office Address, If Applicable

~~355 TORTOISE VIEUX DR.~~  
Suite, Apt. #, etc.

~~SUITE # D~~

City & State  
~~SATELLITE BCH FL~~

Zip Country  
~~32937 BREVARD~~

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1994

5. FEI Number

59-3290001

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	REID, MARGARET L	240 BONNIE COURT	SATELLITE BCH FL 32937
VT	REID, KATHRINE P	240 BONNIE COURT	SATELLITE BCH FL 32937
			500002048545--9 -01/07/97--01113--011 ****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

REID, KATHERINE P  
~~500 E CHERWOOD AVE~~  
~~SATELLITE BEACH FL 32937~~

9. Name and Address of New Registered Agent

Name **KATHERINE P. REID**  
Street Address (P.O. Box Number is Not Acceptable)  
**355 TORTOISE VIEUX DR.**  
Suite, Apt. #, Etc.  
**SUITE # D**  
City **SATELLITE BCH,** State **FL** Zip Code **32937**

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

REGISTERED AGENT MUST SIGN

Date **December 11, 1996**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHERINE P. REID VP GENERAL MANAGER**

Date

**December 11, 1996** (407) 779-4888

Daytime Phone #