Q	PI FASE REAL	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM		
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P9500023477				98 OEC 18 AM 10: ng		
1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
"DOLL	" CHEMICAL INC.			TALLAHASS	PEE. FLORIDA	
Principal Place of Business Mailing Address						
15926 DOVER CLIFFE DR. LUTZ FL 33549		15928-DOVER CLIFFE DR. 1111Z-FL-33\$49				
	addresses are incorrect in any way, line t				<del></del>	
New Principal Office Address, If Applicable  Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable  Suite, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida     03/22/1995		
City & State		City & State		5. FEI Number Applied For		
Zip Country		Zing 35UD Country		59-332122/ 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 an	d/or Director (Florida nonprofit corpor	ations must list at lea		AND CONTRACTOR	
Title(s)	and/or Directors Off		reet Address of Each fficer and/or Director se Post Office Box Nu	City / S	itate / Zip	
D			CLIFFE DR. LUTZ FL 33549			
	REINSTATEMENT 95 12/2/198					
				8000027241886 -12/29/9301006015 *****750.00 *****750.00		
	9. Name and Address of Curren	t Pagintared Agent		9 Name and Address of New Projectors	Agent	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered		
KELLEY, ROBERT  15926 DOVER CLIFFE DR.				P.O. Box Number is Not Acceptable)		
LUTZ FL 33549 Suite, Apt. #				c. 5		
City				State Zip Code		
10. I, being Signature of Registered	Agent	pove named corporation, are familiar w	IRED	Date	4-93	
	nis corporation owes or angible Personal Prope		Yes 🖸		ide for information angible tax.)	
this rein	nstatement application, the reason for dis	solution has been eliminated, the corp a names of individuals listed on this fo	orate name satisfies t rm do not qualify for a	rovided for in chapter 607 or 617, F.S. I furthe the requirements of section 607.0401 or 617.0 an exemption under section 119.07(3)(i), F.S. oath.	0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPTICER OR DIRECTOR Date Daytime Phone #						