▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
96 DEC 20 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000042588

Donocue's, Inc.
9940 Pines Boulevard
Pembroke Pines, FL 33025

2. If address in Block 1 is incorrect in any way, enter the correct address here. The NAME of the corporation can be changed only by filing an amendment.

Address

Address
1207 Hollywood Boulevard

City and State
Hollywood, Florida

Zip Code
33019

3. Date Incorporated or Qualified To Do Business In Florida	4. FEI Number	FEI Number Applied For ☐	5. $8.75 Additional Fee required for a Certificate of Status
June 1, 1995	65-0586280	FEI Number Not Applicable ☐	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P, T, S	Thomas Donoghue	1207 Hollywood Blvd.	Hollywood, FL
AS	Alan R. Hecht	2670 N.E. 215 St.	Miami, FL
			900002036503--3 -12/24/96--01047--011 ****375.00 ****375.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Alan R. Hecht, Esq.
2670 N.E. 215 Street
Miami, FL 33180

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

9. 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 _____ Date 12/1996
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

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., 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 of Officer or Director _____ Asst Sec'y Date 12/13/96 Daytime Phone # 954-920-5065

Typed or printed name of signing officer or director Ass't Secretary

CR2E040 (8/92)