PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 27 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600013702816
03/10/03--01006--009 **1050.00
REINSTATEMENT 0402

DOCUMENT # P95000042588

1. Corporation Name

DONOCUE'S INC.

2. Principal Office Address	3. Mailing Office Address
812 E. Hallandale Bch Blvd	812 E. Hallandale Bch Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale, Florida	City & State: Hallandale, Florida
Zip: 33009 Country: U. S. A.	Zip: 33009 Country: U. S. A.

4. Date Incorporated or Qualified To Do Business in Florida: 6/1/1995

5. FEI Number: 65-0586280 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Thomas Donoghue

Street Address (P.O. Box Number is Not Acceptable): 510 Bear Road

600013702816
03/10/03--01006--010 **8.75

Suite, Apt. #, Etc.:

City: Lake Placid | State: FL | Zip Code: 33852

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: D. Fo Donoghue Date: 2/21/03

REGISTERED AGENT MUST SIGN

CR2EB01 (10/02)

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, D	Thomas Donoghue	510 Bear Road	Lake Placid, FL 33852

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: D. Fo Donoghue, Thomas Donoghue 2/21/03 954 458 1643 NW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charter Number Only

VALIDATION ONLY

Alan B. Hecht
Requestor's Name
2670 NE. 215 street
Address
Miami Fl 33180
City State ZIP Phone

CORPORATION(S) NAME

DONOCUE'S INC.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier