

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -8 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000051111**

1. Corporation Name

DOUGHMEISTER, INC.

Principal Place of Business

1800 EAST FRANKLIN ST
EASTGATE SHOPPING CNTR #7
CHAPEL HILL NC 27514
US

Mailing Address

1800 EAST FRANKLIN ST
EASTGATE SHOPPING CNTR #7
CHAPEL HILL NC 27514
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1995

5. FEI Number

56-1929780

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	STANFORD, DAVID W	5007 SWEETEN CREEK RD	CHAPEL HILL NC 27514
SD	STANFORD, MARY E	5007 SWEETEN CREEK RD	CHAPEL HILL NC 27514
VASD	STANFORD, JOHN W	1213 HOMESTEAD DR	VIRGINIA BEACH VA 23464

8. Name and Address of Current Registered Agent

LARCHE, JAMES G JR.

~~3426 NW 43RD ST~~

~~SUITE B~~

GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4041 N.W. 37th Place

Suite, Apt. #, Etc.

Suite B

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/5/03

11. I certify that I am an officer or director or 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.

DAVID W. STANFORD, PRESIDENT

SIGNATURE:

David W. Stanford, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/03
Date

(919) 969-7112
Daytime Phone #

CR2E040 (7/03)