PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

93 JAN 20 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084759

Doolally Enterprises, Inc.

11840 NW 29th Place
Sunrise FL 33323

If above addresses are incorrect in any way, do through corrected information in spaces provided on page 2.

2. New Principal Office Address, if Applicable
11840 NW 29th Place
Suite, Apt. #, etc.
City & State
Sunrise FL 33323
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: 11/6/95

5. FEI Number: 65-0616104 | 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City - State - Zip
P	Dennis Lally	11840 NW 29th Place Sunrise FL	33323

REINSTATEMENT 96-98
A. Alan
Jan. 20, 1998

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-01/21/98--01138--003
**1050.00 **1050.00

8. Name and Address of Current Registered Agent

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9. Name and Address of New Registered Agent

Name: James L. Soule, Esq.
Street Address (P.O. Box Number is Not Acceptable): 7515 West Oakland Park Blvd. #103
Suite, Apt. #, Etc.
City: Fort Lauderdale | State: FL | Zip Code: 33319

CR2L049 (1/95)

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: X [signature] Date: 1-15-98
REGISTERED AGENT MUST SIGN

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: X [signature] 1-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #