

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P96000009634

1. Corporation Name

THE DODGE ASSOCIATES, INC.

02 FEB 25 AM 2:29

Principal Place of Business

2062 BAYSHORE BLVD
DUNEDIN FL 34698
US

Mailing Address

2062 BAYSHORE BLVD
DUNEDIN FL 34698
US

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

2. New Principal Office Address, If Applicable

30351 US HWY 19 N
SUITE J

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33761

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1996

5. FEI Number

65-0642229

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
Total 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
D	DODGE, BRUCE B JR	5050 LAKE VALENCIA BLVD W	PALM HARBOR FL 34684

300005049823--4

-03/06/02--01033--023

****900.00 ****900.00

8. Name and Address of Current Registered Agent

DODGE, BRUCE B JR
2062 BAYSHORE BLVD
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

Jan 31, 2002

11. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 31, 2002 727 785 9596

Daytime Phone #

CR2040 (8/01)