APPLICATION
FOR
REINSTATEMENT
FOR

FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham**

Secretary of State

DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FLED

Doyle Mines, Inc.	DIVISION OF CORPORATIONS	a service verification	
Read Instructions on Other Side Before Making Entries Make Check Payable To: Department of State		98 OCT 28 AM 9: 5	
t. Name and Mailing Address of Corporation: DOCUMENT $\#$	P97000058667	If Address in Block 1/5 incorrect in any way on below. The Wayle outpe opposition dan be of amendment.	By the correct address anged only by filing an
Doyle Mines, Inc.			
504 S. Westshore Blvd.		Address	
Tampa, FL 33609		Address	
			·
The second of th		City and State	
REINSTATEM	Zip Code		
Date Incorporated or Qualified To Do Business in Florida Florida	4. FEI Number 59-345985	4	r Applied For r Not Applicable
5. Names and Street Addresses of Each Officer and/or Director Street Address of Each Street Address of Each			
Title Names of Officers and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Nur	City and State	e
D Robert McDonald	504 S. Westshore	Blvd. Tampa, FL 33	3609
			<u> </u>
			<u></u>
		1000026786 -11/03/98010 ****750.00 *	
			The state of the s
This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No For intangible tax information call Department of Revenue 904-488-6800.			
REGISTERED AGENT INFORMATION 7. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent	Name		
Robert McDonald		NOT Use P.O. Bax Number)	
504 S. Westshore Blvd. Tampa, FL 33609	Street Address (Do	Street Address (Do NOT Use P.O. Box Number)	
4 0	City and State	FL.	Zip Code
8. I, being appointed the registered agent of the above named corpor	ation, am familiar with and accept the obliga		
Signature of Registered Agent Agent BEGISTERED AGENT MUST SIGN			
9. 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 have been paid. The information indicated on this application is together and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Officer or Director McDonald Date 10/23/98 Phone # 813-289-1961			
Typed or printed name of signing officer or director	<u> </u>		
10. Should you desire a certificate of status check the box.		S8 75	Additional Fee