PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

01 FEB 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058667

1. Corporation Name

DOYLE MINES, INC.

Principal Place of Business	Mailing Address
504 S. WESTSHORE BLVD TAMPA FL 33609	504 S. WESTSHORE BLVD TAMPA FL 33609

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

REINSTATEMENT-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. BOX 130140	P.O. BOX 130140
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33681 Country:	Zip: 33681 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/02/1997

5. FEI Number: 59-3459854 ☐ 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
~~D~~	~~MCDONALD, ROBERT~~	~~504 S. WESTSHORE BLVD~~	~~TAMPA FL 33609~~
Director	RANKIN, PAT	15808 COUNTRY LAKE DR.	TAMPA, FL 33624
Director			
			600003745296--2 -02/21/01--01054--031 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

MCDONALD, ROBERT
504 S. WESTSHORE BLVD
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name: DORTHIA THOMPSON
Street Address (P.O. Box Number is Not Acceptable): 4104 SANTIAGO ST.
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33629

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: Dorthia A. Thompson Date:
REGISTERED AGENT MUST SIGN

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

KE

SIGNATURE: _____ 813-546-5324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #