

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 13 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000002415

1. Corporation Name

DONNELLY DETATA & FREDRICKS, INC.

Principal Place of Business

Mailing Address

~~8326 COOLIDGE STREET~~  
HOLLYWOOD FL 33021

3326 COOLIDGE STREET  
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

3387 Sheridan st

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33021

Country

USA

City & State

Zip

Country

REINSTATEMENT **99**

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/1998

5. FEI Number

65-0804910

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DONNELLY, KEVIN	3326 COOLIDGE STREET	HOLLYWOOD FL 33021
<del>DE</del>	<del>DETATA, RICK</del> remove	<del>3326 COOLIDGE STREET</del>	<del>HOLLYWOOD FL 33021</del>
STD	FREDRICKS, SKIP	3326 COOLIDGE STREET	HOLLYWOOD FL 33021
			700003079227--2
			12/23/99 01050 002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMERILAWYER~~

~~343 ALMERIA AVENUE~~

~~CORAL GABLES FL 33134~~

Name

SKIP Fredricks

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

3326 Coolidge st

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

*SKIP*

REQUIRED

Date 12-9-99

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.

SIGNATURE:

*SKIP* SKIP FREDRICKS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-9-99

Daytime Phone #

954-981-9970

KE