

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000006693

1. Corporation Name

DOLLYTEX, INC.

2. Principal Office Address

4421 S KIRKMAN RD#301

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32811

3. Mailing Office Address

B 108 - 11349

Suite, Apt. #, etc.

S. ORANGE BLOSSOM TRAIL

City & State

ORLANDO, FL

Zip

32837

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-20-1998

5. FEI Number

5934-86415

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

TAJUDDIN LAKHANI

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

4421 S KIRKMAN RD#301

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Tajuddin Lakhani*

Date 07-18-2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TAJUDDIN LAKHANI	13360 Twinwood Lane 2217, Orlando FL 32837	ORLANDO - FL 32837

10. 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:

*Tajuddin Lakhani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JULY 25 2001

Daytime Phone #

321-663-7730

DOLLYTEX INC.  
11349 STE B-108 S.ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

Attachment  
#P9800000003

August 20, 2001

Fl. Dept. of State  
Division of Corporation, Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

We refer to your letter number 401A00045818 dated August 9, 2001 and enclose the form duly signed by the registered agent alongwith the check for \$1050 . The oversight is regretted.

Kindly accept . Your uppermost attention to this matter is appreciated.

Sincerely,



for Tajuddin Lakhani, President