

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -9 PM 4:10

DOCUMENT # P98000062850

1. Corporation Name

DOLITTLE'S, INC.

300003480429--5
-11/30/00--01007--016
****750.00 ****750.00

Principal Place of Business

3600 MARION COUNTY ROAD
WEIRSDAL FL 32195

Mailing Address

3600 MARION COUNTY ROAD
WEIRSDAL FL 32195

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1998

5. FEI Number

59-3523325

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PROVOST, TIMOTHY M	3600 MARION COUNTY ROAD	WEIRSDAL FL 32195
VD	HODGE, BUREN M JR.	3600 MARION COUNTY ROAD 213 W. KINGS HWY	WEIRSDAL FL 32195 CENTER HILL FL 33514
S	HODGE, JENNIFER	3600 MARION COUNTY ROAD 213 W. KINGS HWY	WEIRSDAL FL 32195 CENTER HILL, FL 33514
T	PROVOST, PAULA M	3600 MARION COUNTY ROAD	WEIRSDAL FL 32195

8. Name and Address of Current Registered Agent

PROVOST, TIMOTHY M
3600 MARION COUNTY RD
PO BOX 790
LADY LAKE FL 32158

9. Name and Address of New Registered Agent

Name

BUREN M HODGE JR.

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

213 W. KINGS HWY

Suite, Apt. #, Etc.

P.O. Box 337

City

CENTER HILL

State

FL

Zip Code

33514

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

Buren M. Hodge Jr.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-6-2000

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:

Buren M. Hodge Jr.
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-2000
Date

352-303-4657
Daytime Phone #