

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS



FILED

03 OCT 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000042363**

1. Corporation Name

SUSAN L DOIG LMT, INC.

Principal Place of Business

5980 NE 22 TERRACE
FT. LAUDERDALE FL 33308

Mailing Address

5980 NE 22 TERRACE
FT. LAUDERDALE FL 33308

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

05/10/1999

5. FEI Number

65-0922252

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
D	O'MALLEY, SUSAN	5980 NE 22 TERRACE	FT. LAUDERDALE FL 33308

800023862768
10/16/03 01085 010 **150.00

8. Name and Address of Current Registered Agent

O'MALLEY, SUSAN
5980 NE 22 TERRACE
FT. LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan O'Malley SUSAN O'MALLEY 10-10-03 954 489-0797

CR2E040 (7/03)

2/10/20

0058002 AV

OCTOBER 10,2003

FLORIDA DEPARTMENT OF STATE

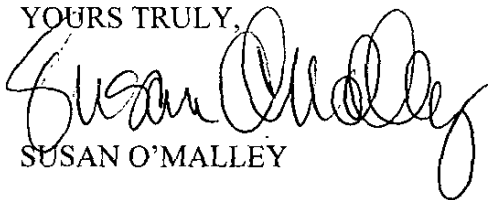
GENTLEMEN:

ENCLOSED PLEASE FIND THE ANNUAL REPORT FORMS FOR SUSAN DOIG
LMT,INC.THE ORIGINAL FORMS WERE NEVER RECEIVED IN JANUARY.

WE HAVE ENCLOSED A CHECK FOR \$ 150.00 FOR THE YEAR 2003. KINDLY
ACCEPT THESE WITHOUT PENALTY UNDER THE CIRCUMSTANCES, DUE TO
THE FACT THAT THE ANNUAL REPORTS WERE NEVER RECEIVED

THANK YOU FOR YOUR COOPERATION

YOURS TRULY,

A handwritten signature in cursive script, appearing to read "Susan O'Malley".

SUSAN O'MALLEY