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	Mailing Address
5980 NE 22 TERRACE FT. LAUDERDALE FL 33308	5980 NE 22 TERRACE FT. LAUDERDALE FL 33308

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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	9. Name and Address of New Registered Agent
O'MALLEY, SUSAN 5980 NE 22 TERRACE FT. LAUDERDALE FL 33308	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: **FL** / Zip Code

CR2E040 (7/03)

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: Susan O'Malley Susan O'Malley 10-10-03 954 489-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/10/20 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,

SUSAN O'MALLEY