

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 03, 2003 8:00
Secretary of State

DOCUMENT # P99000407943

1. Corporation Name

DOE.E, INC.

REINSTATEMENT

FILE
APR
03
2003

2. Principal Office Address

1200 POGY PLACE

3. Mailing Office Address

1200 POGY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL

City & State

FERNANDINA BEACH, FL

Zip

32034-3180

Country

USA

Zip

32034-3180

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/13/1999

5. FEI Number

311682132

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

THOMAS G. THOMPSON

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

1200 POGY PLACE

Suite, Apt. #, Etc.

City

FERNANDINA BEACH

State

FL

Zip Code

32034-3180

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/3/03

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
P	THOMAS G. THOMPSON	5318 GALLEY WAY, #102	FORT PIERCE, FL 34949

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

772-201-6240

Daytime Phone #

CR2E081 (10/02)