

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

102

<b>DOCUMENT # S24927</b> 1. Entity Name <b>DOUGLAS FOODS, INC.</b>						<b>FILED</b> <b>06 JAN 12 PM 12:40</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>915 OAK HILL CEMETARY RD.          ARCADIA, FL 34265 US</b>				Mailing Address <b>PO BOX 270          ARCADIA, FL 34266 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-3046644</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DOUGLAS, LINDA L          6346 NE DOUGLAS TERR          ARCADIA, FL 34266</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$300.00</b>			<b>05/02/05 80119 023</b> <b>\$150.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST          LINDA L DOUGLAS          6346 NE DOUGLAS TERR          ARCADIA FL 34266</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>400063983704          01/18/06--01079--015 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: * <i>Linda L Douglas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date <b>1/10/06</b> Daytime Phone #	

2005 AR Reinstated in error

HACKNEY AMES  
& HEITMAN PA  
CERTIFIED PUBLIC ACCOUNTANTS

128 WEST OAK STREET  
POST OFFICE BOX 1359  
ARCADIA, FLORIDA 34265  
hahepa@earthlink.net

(863) 494-6495 FAX: (863) 494-9578

January 10, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Douglas Foods, Inc.  
Reference Number: S24927  
P.O. Box 270  
Arcadia, Florida 34266

To whom it May Concern:

This letter is regarding Douglas Food's 2005 annual report/ uniform business report.

The referenced taxpayer received a letter on June 6, 2005 which stated that there was a non-complete payment. There was a response sent stating that the taxpayer sent a payment in the amount of \$150.00 on April 28, 2005 and cleared the bank on May 4, 2005. A copy of cleared check # 16133 written out to the *Florida Department of State* was enclosed. The problem was not resolved and a second letter was received stating the same problem. Because of this unresolved problem, the company is currently inactive.

After speaking with a Florida Department of State representative, he stated that the problem was not a non-complete payment. The problem was that the annual report did not indicate the title of Linda Douglas, sole owner. This problem was never stated in the letters received.

Attached you will find a copy of the letter, a copy of the 2005 annual report previously filed on time (revised), and a copy of the check which has cleared to cover the 2005 annual report fee. Also enclosed you will find the 2006 annual report and its respective payment. Please receive the 2005 annual report as timely filed and apply payment accordingly.

Thank you for your prompt attention to this matter. If there are any questions or concerns, please contact our office.

Sincerely,



Andrew T. Ames, CPA, CFP

