

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 FEB 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

539137

1. Corporation Name

The DOT Investment Corporation

Principal Place of Business

Mailing Address

H & Realty
90 Gail Kaplan
1499 Hwy 434W
Longwood FL 32750

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Juman, Shan	howlands Christ Church	Bridgetown Barbados West Indies
V	Juman, Kathleen H	howlands Christ Church	Bridgetown Barbados West Indies
S	Juman, Hafeeza	294 E. 7th St	BROOKLYN, NY 11218

REINSTATEMENT

8. Name and Address of Current Registered Agent

GAIL Kaplan
524 Spanish TRACER.
Alt Spgs FL 32714

9. Name and Address of New Registered Agent

Name 100002101181--1
-02/28/97--01072--003
Street Address (P.O. Box Number is Not Accepted) *****165.00 *****165.00
Suite, Apt. #, Etc.
City 100002101181--1
-02/28/97 State 01072--004
*****200.00 *****200.00

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

Gail Kaplan
REGISTERED AGENT MUST SIGN

Date

February 10-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

President
Shan Juman / SHAN JUMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

Date

1-407-
260-8800

Daytime Phone #

CR2E040 (12/96)