

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -8 PM 4:48

DOCUMENT # V57368

1. Corporation Name  
DONNETTE, INC.

Principal Place of Business  
900 N. FEDERAL HIGHWAY  
STUART FL 34994

Mailing Address  
900 N. FEDERAL HIGHWAY  
STUART FL 34994



REINSTATEMENT 99

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

08/10/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0352147

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	KERR, ELAINE	900 N. FEDERAL HWY	STUART FL 34994

300003046493-4  
-11/16/99--01104--002  
\*\*\*750.00 \*\*\*750.00

11/12

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCARTHY, TERENCE P ESQ.  
2081 E. OCEAN BLVD., 2ND FLOOR  
STUART FL 34996

Name Rex Andrews  
Street Address (P.O. Box Number is Not Acceptable)  
866 SW 29th Ter  
Suite, Apt. #, Etc.

City Palm City

State FL Zip Code 34990

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

Rex M Andrews

REGISTERED AGENT MUST SIGN

Date 11/3/99

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: Elaine Kerr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-99 561-690-0034  
Date Daytime Phone #