

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Gloria Hood  
Secretary of State  
VISION OF CORPORATIONS

1. DOCUMENT # L02000001820

Name and Mailing Address

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DORIA VENTURES, LLC  
6134 POLLY AVE  
NAPLES FL 34112-2946



US REINSTATEMENT 2003

2. New Mailing Address 2345 Stanford Ct, ste 602 Naples, FL 34112		4. State/Country of Formation FL	
Principal Place of Business 6134 POLLY AVE NAPLES FL 34112 US		3. New Principal Place of Business Address 2345 Stanford Ct, ste 602 Naples, FL 34112	5. Date Organized or Qualified To Do Business in Florida 01/24/2002
		6. FEI Number 75-3005197	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DORIA, VERONICA 6134 POLLY AVE NAPLES FL 34112	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025013754 12/29/03--01050--021 **150.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Veronica Doria **SIGNATURE REQUIRED** Date 12/26/03  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DORIA, VERONICA	6134 POLLY AVE	NAPLES FL 34112
MGRM	DORIA, ALBERT SR	6134 POLLY AVE	NAPLES FL 34112
MGRM	DORIA, ALBERT JR	6134 POLLY AVE	NAPLES FL 34112

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Veronica Doria **SIGNATURE REQUIRED** Date 12/26/03 Daytime Phone # 239-597-7448  
Typed or printed name of signing Managing Member/Manager Veronica Doria

CR2E084 (7/03)