PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC -2 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081719**

1. Corporation Name

DOINK, INC.

Principal Place of Business	Mailing Address
3107 ALHAMBRA CIRCLE CORAL GABLES FL 33134	3107 ALHAMBRA CIRCLE CORAL GABLES FL 33134

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
117 Majorca Ave.	117 Majorca Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Coral Gables, FL 33134	Coral Gables FL
City & State	City & State
Zip 33134 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/07/1994

5. FEI Number: 65-0536779 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	CALDERIN, CHARLES	3107 ALHAMBRA CIRCLE	CORAL GABLES FL 33134
~~D~~	~~CALDERIN, JOHNNY O.~~	~~3107 ALHAMBRA CIRCLE~~	~~CORAL GABLES FL~~
V/D	Luis Saladrigas	11000 SW 83 Ave.	Miami, FL 33156
	REINSTATEMENT 99 TS		700003069527--7 -12/14/99--01074--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CALDERIN, CHARLES 3107 ALHAMBRA CIRCLE CORAL GABLES FL 33134	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/99)

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 _____ Date 11/29/99
REGISTERED AGENT MUST SIGN

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 _____ 11/29/99 305-529-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #