

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

CORPORATION REINSTATEMENT



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

00 02 ABR

DOCUMENT # P99000093018

1. Corporation Name
DOS, INC

900005172749--4
-03/27/02--01079--012
****450.00 ****450.00

2. Principal Office Address
28932 WINTHROP CIRCLE
Suits, Apt. #, etc.
VANDERBILT LAKES
City & State
BONITA SPRINGS FL

3. Mailing Office Address
L A M E
Suits, Apt. #, etc.
City & State
L A M E
Zip
34134 Country
LEE

4. Date Incorporated or Qualified To Do Business in Florida
10/20/99

5. FEI Number
APPLIED FOR Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
DIANE CARONE

Street Address (P.O. Box Number is Not Applicable)
28932 WINTHROP CIRCLE

Suits, Apt. #, Etc.
VANDERBILT LAKES

City
BONITA SPRINGS State
FL Zip Code
34134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0005 or 617.0503, F.S.

Signature of Registered Agent
Diane Carone Date
3/7/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	WILLIAM DESENZO	- SAME AS ABOVE	
VP	DIANE CARONE	- " " "	

10. 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)(f), 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: **Diane K. Carone** Date **3/7/02** 941-992-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 973-523-2010
Daytime Phone #

SECRET (800)