PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 12 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (12/07)

DOCUMENT # S95232

1. Corporation Name

DORVAIS, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3801 N.E. 207 Street		3801 N.E. 207 Street	
Suite, Apt. #, etc.: Apt. 601		Suite, Apt. #, etc.: Apt. 601	
City & State: Aventura, FL		City & State: Aventura, FL	
Zip: 33180	Country: U.S.A.	Zip: 33180	Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 11/13/1991

5. FEI Number 65-0302372 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ **$8.75 Additional Fee required for a Certificate of Status**

7. **Name and Address of Current Registered Agent**

Name: Christopher J. Klein, Esq.

Street Address (P.O. Box Number is Not Acceptable): 100 North Biscayne Boulevard

Suite, Apt. #, Etc.: 2100

City: Miami State: FL Zip Code: 33132

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent ______ Date February 25, 2008

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Edelstein, Beile	3201 N.E. 183 St., Apt. 1707	Aventura, FL 33160
V/S	Vaisberg, Ronny	3801 N.E. 207 Street, Apt. 601	Aventura, FL 33180

REINSTATEMENT 98-08 KS

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 contained in Chapter 119, 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: X Beile Edelstein Beile Edelsterin 3/4/08 (305) 904-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #