

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

94-98
#135000

53 JAN -7 11:11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67860

1. Corporation Name

DOHUMAR, INC.

~~#97-12504~~ ~~128-45~~

900002395419--2
-01/09/98--01053--011
***1245.00 ***1245.00

900002395419--2
-01/09/98--01053--012
****105.00 ****105.00

Principal Place of Business

51 S.E. 1st. Street
Miami, Fl. 33131

Mailing Address

71 S.E. 1st. Street
Miami, Fl. 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1996

5. FEI Number

65-0047152

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	GONZALEZ, HUMBERTO	1512 Saragossa	Coral Gables, Fl. 33134
T	GONZALEZ, DOLORES	1512 SARAGOSSA	Coral Gables, Fl. 33134
S	LOPEZ, MARINA	1512 SARAGOSSA	Coral Gables, Fl. 33134

REINSTATEMENT 94-98
G. Gonzalez
1/7/98

8. Name and Address of Current Registered Agent

HUMBERTO GONZALEZ
51 S.E. 1st. Street
Miami, Fl. 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

THE REGISTERED AGENT MUST SIGN

Date 12/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Humberto Gonzalez, Inc

Date 12/30/97

(205)
462-1010
Daytime Phone #

CP 25240 1-2-98