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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005225

1. Corporation Name
Doyna LTD, Inc

1801 86th street

2. Principal Office Address	3. Mailing Office Address
1801 86th street	1801 86th street
Suite, Apt. #, etc. suite 2	Suite, Apt. #, etc. suite 2
City & State Brooklyn, NY	City & State Brooklyn, NY
Zip 11214 / Country kings	Zip 11214 / Country kings

REINSTATEMENT 2004

4. Date Incorporated or Qualified To Do Business in Florida 09/14/2000

5. FEI Number 223543384 — 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: Alvian Imports Inc / Valeriy Darmenko

Street Address (P.O. Box Number is Not Acceptable): 2015 NE 151 Street

Suite, Apt. #, Etc.

City: North Miami Beach — State: FL — Zip Code: 33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: B Darmenko — Date: 11-10-2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Bromberg, Yakov	1801 86th street, suite2	brooklyn, NY 11214
		000042901020 11/19/04--01043--023 **750.00	
		000042901020 11/19/04--01043--024 **8.75	

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)(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: 11/15/04 (718) 331-7600

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