

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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2001

DOCUMENT # 479843

1. Corporation Name
DORPHIL INC

2. Principal Office Address
320 N W 171 STREET

3. Mailing Office Address
320 N W 17 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI BCH, FL

City & State
NORTH MIAMI BCH, FL

4. Date Incorporated or Qualified
To Do Business in Florida 06/30/1975

5. FEI Number
59-1620951

Applied For
Not Applicable

Zip Country
33169 USA

Zip Country
33169 USA

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

7. Name and Address of Current Registered Agent

Name
MIRANDA II, JOSE A
Street Address (P.O. Box Number is Not Acceptable)
320 N W 171 STREET
Suite, Apt. #, Etc.
City
NORTH MIAMI BEACH

State Zip Code
FL 33169

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 REGISTERED AGENT MUST SIGN

Date 2-23-01

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	
P	MIRANDA II, JOSE A	320 N W 171 STREET	NMB, FL 33169
V	KAPLAN, ELAINE	320 N W 171 STREET	NMB, FL 33169
V	EPSTEIN, ARBY	320 N W 171 STREET	NMB, FL 33169
S	KAPLAN, KARI	320 N W 171 STREET	NMB, FL 33169

500003818445
-03/06/01-01028-021
****300.00 ****300.00

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01 305-652-0016
Date Daytime Phone #

CR2E081 (9/00)

Dorphil, Inc.

Dorphil, Inc.
320 NW 171st Street
North Miami Beach, FL 33169

Phone: 305-652-0016
FAX: 305-651-5770
email:

Friday, February 23, 2001

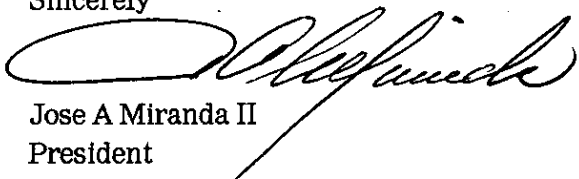
Katherine Harris
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms Harris

Please accept the completed form enclosed for reinstatement of our company in state records. We did not receive the renewal for 2000 because of an error in our registered address, and an oversight on our part did not catch the mistake.

As instructed by your office please find enclosed a check in the amount of \$300.00, the completed reinstatement form, and a copy of the 1999 registration.

Sincerely



Jose A Miranda II
President