

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

2001



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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

Zip

33169

Country

USA

Zip

33169

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/30/1975

5. FEI Number

59-1620951

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

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  
FL

Zip Code  
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

*[Signature]*

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	500003818445- -03/08/01-01028-021 ****300.00 ****300.00
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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-23-01 305-652-0016

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:

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Friday, February 23, 2001

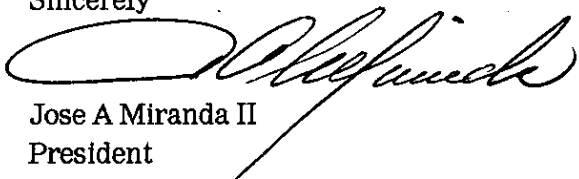
Katherine Harris  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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