

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -2 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660062

1. Corporation Name

DOGA Corporation

2. Principal Office Address

7860 Northwest 71 Street

3. Mailing Office Address

7860 Northwest 71 Street

Suite, Apt. #, etc.

Suite 302

Suite, Apt. #, etc.

Suite 302

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

Miami-Dade

Zip

33166

Country

Miami-Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/21/80

5. FEI Number

65-0448674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-02

7. Name and Address of Current Registered Agent

Name

Fara Barrero-Dominguez

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

7860 Northwest 71 Street

Suite, Apt. #, Etc.

Suite 302

City

Miami

State
FL

Zip Code
33166

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

Fara Barrero-Dominguez
REGISTERED AGENT MUST SIGN

Date May 1, 2002

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,D	Fara Barrero-Dominguez	7860 NW 71 St., Suite 302	Miami, FL 33166

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:

Fara Barrero-Dominguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fara Barrero-Dominguez May 1, 2002

Date

Daytime Phone #

CR2E081 (8/01)