

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08687		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 14 AM 11:40</div> <div>REINSTATEMENT 01</div>	
1. Corporation Name DORO ENTERPRISES, INC.			
Principal Place of Business 2392 ARMOUR DRIVE DUNEDIN FL 34698		Mailing Address 2392 ARMOUR DRIVE DUNEDIN FL 34698	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 08/14/1989		5. FEI Number 59-2972714	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PC	PATTERSON, DONALD G.	1635 SHEFFIELD DR	CLEARWATER FL 33764
M	PATTERSON, BRIAN	2392 ARMOUR DRIVE	DUNEDIN FL 34698
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PATTERSON, DONALD G 1635 SHEFFIELD DR CLEARWATER FL 33764		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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 <i>Donald Patterson</i>		Date 11-1-01	
REGISTERED AGENT MUST SIGN			
11. 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: <i>Donald Patterson</i>		Date 11-1-01 Daytime Phone # (727) 735-9600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			