

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08687

1. Corporation Name

Doro Enterprises Inc.

2. Principal Office Address - No P.O. Box #

2389 Mangrum Drive

Suite, Apt. #, etc.

City & State

Dunedin FL.

Zip

34698

Country

USA

3. Mailing Office Address

2389 Mangrum Drive

Suite, Apt. #, etc.

City & State

Dunedin FL.

Zip

34698

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
08/14/1989

5. FEI Number

59-2972714

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

Donald Patterson

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

2389 Mangrum Drive

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

100248142861
05/21/13--01033--007 **1650.00

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 **04/22/2013**

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	Donald Patterson	2389 Mangrum Drive	Dunedin FL. 34698
V	Brian Patterson	1032 Eniswood Parkway	Palm Harbor FL. 34683

REINSTATEMENT



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10. E-mail Address: **dpdoro@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donald Patterson
Donald Patterson

04/22/2013

727-455-3890

Date

Daytime Phone #