

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 25 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005114

1. Corporation Name

DOCTOR DETAILER, INC.

2. Principal Office Address

8380 S.W. 65<sup>TH</sup> AVE.

Suite, Apt. #, etc.

#6

City & State

MIAMI, FLORIDA

Zip

33143

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

01-18-2000

5. FEI Number

65-0975498

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

MARIANA ESCOBAR

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

8380 S.W. 65<sup>TH</sup> AVENUE

Suite, Apt. #, Etc.

APT 6

City

MIAMI

600029331606

02/25/04--01007--004 \*\*450.00

State

FL

Zip Code

33143

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]*

Date 2/18/2004

REGISTERED AGENT MUST SIGN

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
PSTO	MARIANA ESCOBAR	8380 S.W. 65 <sup>TH</sup> AVE APT 6	MIAMI, FLA. 33143

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

PRESIDENT

2/18/2004

Date

(305) 229-9050

Daytime Phone #

February 18, 2004

Corporation Reinstatement  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir:

I am writing to you in order to Reinstate my corporation. I did not received the Annual Report for the year 2002 because I had moved and the U.S. mail did not forwarded to my new address.

Enclosed you will find a check in the amount of \$450.00 for the Annual Fee for the years 2002, 2003, and 2004.

Respectfully submitted,

  
Mariana Escobar  
President