## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ·FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

02 MAR 18 AM 9: 08

SECRETARY OF STATE TACKAHASSEE FLORIDA

P00000060916 DOCUMENT #

1. Corporation Name

DORIAN, INC. III

Principal Place of Business

Mailing Address

777 NORTHWEST 72 AVENUE #2-AA-53 MIAMI FL 33126

777 NORTHWEST 72 AVENUE #2-AA-53 MIAMI FL 33126

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 Date incorporated or Qualified To Do Business in Florida 06/22/2000 Suite, Apt, #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 88.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 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
PD	BENMELEH, JOSEPH	777 NORTHWEST 72 AVENUE #2-AA-53	MIAMI FL 33126
		20	00051798120 -04/01/02-01064_003
			****150.00 ****150.00
			MM
	,		M
			W

Name

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAUFMAN, MICHAEL S **BISCAYNE BOULEVARD - SUITE 511** 11900 BISCAYNE BOULEVARD MIAMI FL 33181

Suite, Apt. #, Etc

Zip Code 33126

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V03.13.2 V301 2674478

Zol2

## FREEDMAN & COMPANY

Leslie J. Freedman, CPA, P.A. Certified Public Accountants and Consultants

March 12, 2002

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, Fl. 32314-6327

Re: Dorian, Inc. III
Application for Reinstatement
I.D. #59-3695757
2001 Document No. P00000060916

This letter is in response to your Notice of Administrative Dissolution or Revocation effective September 21, 2001. The original Uniform Business Report was filed in April, 2001 and was not processed as filed by your office. The explanation was for not filling in box (4) Federal I.D. number. The Federal I.D, Number had not been received at that time. Upon receipt of their E.I. number, they filled in the box (4) on their copy of the report and forwarded a check and the completed form to your office on May 24, 2001. By your Notice of Dissolution, it is evident that you never received my client's filing.

At this time we are sending the Application for Reinstatement, with a check in the amount of \$150, which covers their 2002 UBR. At this time we are requesting an abatement of the penalties that can be assessed due to my client's late receipt of their Employer Identification Number from the Internal Revenue Service.

This letter is a follow-up to a conversation between my office and Ms. Michelle Milligan from the Florida Department of State.

Thank you for your attention regarding this matter. Do not hesitate to contact me if you have any questions.

Yours truly,

Leslie J. Freedman, CPA