## OZ UBRYDZ. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P00000061252 DOCUMENT # 02 MAR 18 AM 8: 59 1. Corporation Name SECRETARY OF STATE DORIAN, INC. VI TALLAHASSEE. FLORIDA-Principal Place of Business Mailing Address 777 NORTHWEST 72 AVENUE #2-AA-53 777 NORTHWEST 72 AVENUE #2-AA-53 MIAMI FL 33126 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 To Do Business in Florida 06/23/2000 Suite, Apt. #, etc. 5. FEI Number Applied For City & State Not Applicable Zip 8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 115A 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD BENMELEH, JOSEPH 777 NORTHWEST 72 AVENUE #2-AA-53 MIAMI FL 33126 0005179828--0 -04/01/02--01064--004 \*\*\*\*150.00 \*\*\*\*150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CR2E040 (8/01 OSEPh benneleh KAUFMAN, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BOULEVARD **SUITE 511** AA-53 **MIAMI FL 32301** City Zip Code State 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 <u>\( \)</u> 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 filling 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

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## FREEDMAN & COMPANY

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

March 12, 2002

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

Re: Dorian, Inc.VI
Application for Reinstatement
I.D. #59-3695759
2001 Document No. P00000061252

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