2008 FOR PROFIT CORPORATION REINSTATEMENT

| 1 REINSTATEMENT | | | | | | | | | | | |
|---|--|-------------|--|------------------|-------------------------------|-----------------------|---|----------------------------|--|----------------------------|--|
| DOCUMENT # P01000016070 1. Entity Name DORFAM INVESTMENTS, INC. | | | | | | Single | 08 SEP 17 PM 1: 30 | | | | |
| | | | | | 1 | _ | ALLAHASSEE, FLORIDA | | | | |
| Principal Place of Business 6500 SOUTHEAST 25TH AVENUE OCALA, FL 34480 | | | Mailing Address 6500 SOUTHEAST 25TH AVENUE OCALA, FL 34480 | | | | ALLAN | ASSEC. | FLONID | 'A | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | |
| | | | | | | | i 83:01 1 31 00 02 be: | . i baik i isala am | ,) | # # 1 1 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 09162008 | REIN-P | CR2E0 | 98 (1/07) | | |
| City & State | | | City & State | | | 4. FEI Numb 59-369 | | | | plied For at Applicable | |
| Zip | Country | | Zip Coun | | ntry | 5. Certificate | e of Status Desired | | 8.75 Add ee Required | | |
| | 6. Name and Address of Curi | rent Regis | stered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| SPIEGEL & UTRERA, P.A. | | | | | Name | - 42 O. Pay Numb | in Alot Appendable | | | | |
| 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | | | Street Address (| | | er is Not Acceptable | | | | |
| | | | | | City | | | FL | Zip Code | <u> </u> | |
| The above named entity submits this statement for the purpose of changing its registers. | | | | | | FL | | | | | |
| the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 | | In accordance w | vith s. 607. | 193(2)(b), | F.S., the | | | | | |
| | uary 1, 2009, Fee will be \$30 | | | | | | corporation did | | • | | |
| TILE | PD OFFICERS A | ND DIRE | CTORS Delete | 11. | | ADDITIONS. | /CHANGES TO OFFI | | DIRECTORS Change | S IN 11 | |
| NAME STREET ADDRESS | DOHER, GABRIEL 6500 SOUTHEAST 25TH AVI OCALA, FL 34480 | ENUE | - 00 | NAM! STRE | | | | | <u>.</u> • | | |
| | STD DOHER CHARC | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | OCALA, FL 34480 CITY | | | | '-ST-ZIP E | | <u>00136</u> 2 3/0801008 | | | . III Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | te Eet address '-st-zip | | | | | • | |
| TITLE | afateN | IENT | O Delete | TITLE | | | | | Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | REINSTATEN | | | STRE | EET ADDRESS '-ST-ZIP | | | | | | |
| TITLE NAME | | | Delete | TITLE | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | STRE | EET ADDRESS '-ST-ZIP | | | | | | |
| TITLE NAME | | | ☐ Delete | TITLE | 1 | | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | STRE | EET ADORESS -ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an anatress, with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR 9/16/08 350-739-6889 | | | | | | | | | | | |
| | SIGNATURE AND TYPED | OK PKIN (E) | J HAME OF SIGNING OFFICER | OK DIRECT | IUR | | / Date | Oay | yanne rrione # | | |

September 16, 2008

Dear Sir or Madam;

I am writing a letter in regards to the Certificate of Dissolution of Dorfam Investments, Inc., Document # P01000016070.

Sequence of Events

We mailed our annual report when we were supposed. Due to some issues with our bank the check was returned. We missed it at our bank. In July or August, at the end of the month or beginning of the next, we received notification the check had been returned. I called Ms. Chin. To let her know that we had just received the notice and that we were going to be late sending the replacement money orders. I kept in regular contact with her. We had an understanding that she needed to receive it midweek of the September 8th. So around the 10th or 11th. I mailed the replacement on September 8th. Due to error on the envelope (wrong zip code), it was returned to us on the 15th of September. I called as soon as I returned on the 16th of September. I explained the situation. I am asking that you please waive the penalty fee for this Corporation. We apologize for any inconvenience this may have caused. Thank-You Very Much.

Donna M. Wade

Sincerely.

Donna Wade Office Manager Dorfam Investments 6500 SE 25th Ave Ocala, Fl 34480 352-789-6889