

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 AUG 20 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038955

1. Corporation Name

DOROGIE PRODUCTION, INC.  
P.O. Box 272761  
BOCA RATON, FL 33427-2761

2. Principal Office Address

5500 NW 2<sup>ND</sup> AVE.

Suite, Apt. #, etc.

SUITE 417

City & State

BOCA RATON, FL

Zip

33487 BROWARD

Country

3. Mailing Office Address

P.O. Box 272761

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33427 BROWARD

Country

500022286465  
08/13/03--01045--011 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

04-16-2001

5. FEI Number

37-1420845

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

eACCOUNTANTS MAIL, COM, LLC

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

1437 N.E. 4<sup>TH</sup> AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33304

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]*

REGISTERED AGENT MUST SIGN

Date 6-25-2003

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
DPT	JEAN R. LAURENT	5500 NW 2 <sup>ND</sup> AVE #417	BOCA RATON, FL 33487
DVS	JUDITH V. LAURENT	3100 N. Pine Island Road Unit 207	SUNRISE, FL 33351

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

Date

Daytime Phone #

CR2E081 (10/02)

7/ P/20

June 25, 2003

Dorogie Production, Inc.  
P.O. Box 272761  
Boca Raton, Florida 33427-2761

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P01000038955 Dorogie Production, Inc.,

To whom it may concern:


I, Jean Robert Laurent, President of the above corporation, am now become aware by my accountant that I was supposed to file an annual report.

I am writing this letter to inform the department that I've never received a copy of the annual report at my former address. I am requesting that my corporation, Dorogie Production, be reinstated. Furthermore, I am also enclosing the annual fees (\$300.00) for the two missing years (2002-2003) that the corporation owed. In addition, I have attached a copy of the reinstatement.

Thanks for your attention to this matter.

Respectfully yours,

Dorogie Production, Inc.



Jean Robert Laurent,  
President