


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |  |   |   |  |
|--|--|---|---|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>   |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS | <b>FILED</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b><br><br>10 AUG 12 AM 11:02<br><br><b>KS</b><br><b>900184285179</b><br>08/12/10--01003--015 **900.00<br><br><b>REINSTATEMENT 09-10</b> |  |
| <b>DOCUMENT #</b> P02000043778   |  |   |   |  |
| <b>1. Corporation Name</b><br>"DOLORES EXPORT & MARKETING<br>INC."   |  |   |   |  |
| <b>2. Principal Office Address - No P.O. Box #</b><br>14 N.E. 1 <sup>ST</sup> AVE  |  | <b>3. Mailing Office Address</b><br>SAME  |   |  |
| <b>Suite, Apt. #, etc.</b><br>302  |  | <b>Suite, Apt. #, etc.</b>  |   |  |
| <b>City &amp; State</b><br>MIAMI FLA   |  | <b>City &amp; State</b>   |   |  |
| <b>Zip</b><br>33132  | <b>Country</b>                           | <b>Zip</b>  | <b>Country</b>  |  |
|  |  | <b>4. Date Incorporated or Qualified To Do Business in Florida</b>  |   |  |
|  |  | <b>5. FEI Number</b><br>134206694   |   |  |
|  |  | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b>   |   |  |
|  |  | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>  |   |  |
| <b>7. Name and Address of Current Registered Agent</b>   |  |   |   |  |
| <b>Name</b> ROBERTO GARCIA   |  |   |   |  |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>14 N.E. 1 <sup>ST</sup> AVE   |  |   |   |  |
| <b>Suite, Apt. #, Etc.</b><br># 302  |  |   |   |  |
| <b>City</b><br>MIAMI   |  | <b>State</b><br>FL  | <b>Zip Code</b><br>33132  |  |
| <b>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.</b>  |  |   |   |  |
| <b>Signature of Registered Agent</b>   |  | <b>Date</b> 8-11-10   |   |  |
| REGISTERED AGENT MUST SIGN   |  |   |   |  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>   |  |   |   |  |
| <b>Titles</b>  | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>   | <b>City / State / Zip</b>   |  |
| P  | DOLORES BASTOS                           | 14 N.E. 1 <sup>ST</sup> AVE #302  | MIAMI FL 33132  |  |
| VP   | DOLORES ROQUE                            | 14 N.E. 1 <sup>ST</sup> AVE #302  | MIAMI FL 33132  |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
| <b>10. E-mail Address:</b>   |  |   |   |  |
| (To be used for future annual report notification)   |  |   |   |  |
| <b>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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> |  |   |   |  |
| <b>SIGNATURE:</b>  |  | <b>8/11/10.</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  | Daytime Phone #   |  |