


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 OCT 24 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000050472

1. Corporation Name

DOS-HER, INC.

2. Principal Office Address

1200 Brickell Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1440

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33131

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/07/2002

5. FEI Number

04-3667854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2003**

7. Name and Address of Current Registered Agent

Name

Jose G. Tovar

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

1725 Main Street

Suite, Apt. #, Etc.

Suite 209

City

Weston

State

FL

Zip Code

33326

8. I, being appointed the registered agent for 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 10/17/2003

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
PTD	TRUJILLO, ANDRES	3173 SW 141 TERRACE	DAVIE, FL 33131
VSD	TRUJILLO, MARIA L	3173 SW 141 TERRACE	DAVIE, FL 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

10/21/03

Date

(954) 475-8035

Daytime Phone #

CR2E081 (10/02)