

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000061626

1. Corporation Name

DORESTE DESIGNS INC.

Principal Place of Business

8336 SW 40 ST  
MIAMI FL 33165

Mailing Address

8336 SW 40 ST  
MIAMI FL 33165

REINSTATEMENT

FILED  
03 NOV 14 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



100024713561

11/14/03--01074--007 \*\*150.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

42-1539293

Applied For

Not Applicable

City & State

City & State

Zip 33155 Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DORESTE, M	8336 SW 40 ST	MIAMI FL 33165
			33155

8. Name and Address of Current Registered Agent

DORESTE, M  
8336 SW 40 ST  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Manolo Doreste - President  
REGISTERED AGENT MUST SIGN

Date 10/23/03

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 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:

Manolo Doreste - Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

305-596-1885  
Daytime Phone #

CR2E040 (7/03)



October 23, 2003

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

Dear Glenda E. Hood,

I am writing to inform the Department of Florida that I have just received a notice of dissolution. I want to inform the Department of Florida that I have never received any pervious notices and did not know that there was an annual fee of \$150.00. Had I known this I would have mail payment by the due date of May 1<sup>st</sup> 2003.

After speaking to Tyrone he suggested that I mail in the form and payment of \$150.00. As you can see I have done so and am requesting that my late fee be waived.

If you have any questions, please contact me at 305-596-1885.

Sincerely,

Manolo Doreste  
Doreste Designs Inc.  
FEI: 42-1539293