

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000077418

1. Corporation Name

D'ORIA MANAGEMENT CONSULTING, INC.

2. Principal Office Address - No P.O. Box #  
2802 Decora Drive

3. Mailing Office Address  
Thueringer Weg 9

Suite, Apt. #, etc.

Suite Apt #, etc.

City & State

Cornelius, NC

City & State

65719 Hofeim

Zip

28031-6654

Country

USA

Zip

Country

Germany

**7. Name and Address of Current Registered Agent**

Name

JOHN Q. ADAMS II

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

3021 SW 27TH AVENUE

Suite, Apt #, Etc.

UNIT 2

City

OCALA

State

FL

Zip Code

34471

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

REGISTERED AGENT MUST SIGN

Date 9/16/09

**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
P	DENNIS W. D'ORIA	THUERINGER WEG 9	65719 HOFHEIM, GERMANY OC
S	N.J. D'ORIA	617 SE 43RD AVENUE	OCALA, FL 34471

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 contained in Chapter 119, 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

Dennis D'oria

Date

9/28/09

Daytime Phone #

011-49-  
6192-952430

FILED

09 OCT -2 PM 2:29

000161278960  
10/02/09--01038--008 \*\*600.00

REINSTATEMENT 06-09

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 7/16/2002

5. FEI Number  
56-2283738

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.