

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 17 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000022988

1. Corporation Name

Dr. Garage Door Inc

2. Principal Office Address - No P.O. Box #

1751 SW 69 TERR

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33068

Country

USA

3. Mailing Office Address

1751 SW 69 TERR

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33068

Country

USA

300172441683

03/17/10--01039--003 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/03

5. FEI Number

88-0515993

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

Mauricio Silva

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

1751 SW 69 TERR

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33068

☒ 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.

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

3/8/10

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
CEO	Ivan Silva	1751 SW 69 TERR Pompano Beach, FL	Pompano Beach, FL 33068
COO	Mauricio Silva	1751 SW 69 TERR	Pompano Beach, FL 33068

10. E-mail Address:

DrGarageDoor@a4.net

(To be used for future annual report notification)

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.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/10