
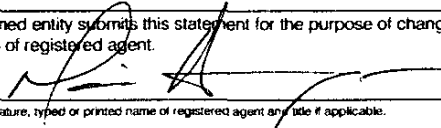
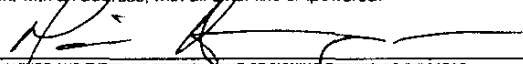


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000022006 1. Entity Name DOORS ETC, INC.					
Principal Place of Business 8540 S.W. 149TH AVENUE SUITE 809 MIAMI, FL 33319				Mailing Address 8540 S.W. 149TH AVENUE SUITE 809 MIAMI, FL 33319	
2. Principal Place of Business - No P.O. Box # 14331 SW 147CT		3. Mailing Address 14331 SW 147CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 16-1660266	
Zip 33196		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMAYA, MARIO ALBERTO 8540 S.W. 149TH AVENUE SUITE 809 MIAMI, FL 33319		7. Name and Address of New Registered Agent Name ADDRESS ONLY Street Address (P.O. Box Number is Not Acceptable) 14331 SW 147CT City MIAMI FL Zip Code 33196			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME AMAYA, MARIO ALBERTO		TITLE 14331 SW 147CT. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 8540 S.W. 149TH AVENUE, SUITE 809	CITY-ST-ZIP MIAMI, FL 33319		NAME MIAMI FL 33196		
CITY-ST-ZIP MIAMI, FL 33319			CITY-ST-ZIP 400114341294		
TITLE 			STREET ADDRESS 01/08/08--01023--019 **300.00		
STREET ADDRESS 			CITY-ST-ZIP 		
CITY-ST-ZIP 					
TITLE 					
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 					
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

FILED

2008 JAN -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032008 REIN-P CR2E098 (1/07)

Applied For
Not Applicable

Additional Fee Required

Name

ADDRESS ONLY

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

14331 SW 147CT

City MIAMI

FL

Zip Code

33196

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AMAYA, MARIO ALBERTO	
STREET ADDRESS	8540 S.W. 149TH AVENUE, SUITE 809	
CITY-ST-ZIP	MIAMI, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	14331 SW 147CT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAMI FL 33196	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #