

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000059325

Entity Name: DORIDE, INC.

**FILED**  
**Mar 12, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

1110 BRICKELL AVE. SUITE 200A & 200B  
MIAMI, FL 33133

## **New Principal Place of Business:**

50 BISCAYNE BLVD  
2701  
MIAMI, FL 33132 US

## **Current Mailing Address:**

1110 BRICKELL AVE. SUITE 200A & 200B  
MIAMI, FL 33133

## **New Mailing Address:**

50 BISCAYNE BLVD  
2701  
MIAMI, FL 33132 US

FEI Number: 75-3250304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

HALPERN RODRIGUEZ, LLP  
800 DOUGLAS ROAD, NORTH TOWER  
SUITE 880  
CORAL GABLES, FL 33134 US

## **Name and Address of New Registered Agent:**

PINTO, ANA  
50 BISCAYNE BLVD  
2701  
MIAMI, FL 33132 US

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.

SIGNATURE: ANA PINTO

03/12/2013

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESCOBEDO ALDAY, CARLOS  
Address: 800 DOUGLAS RD, NORTH TOWER, SUITE 880  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: ESCOBEDO STAL, CHIARA  
Address: 800 DOUGLAS RD, NORTH TOWER, SUITE 880  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: ESCOBEDO STAL, ANDREA  
Address: 800 DOUGLAS RD, NORTH TOWER, SUITE 880  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS ESCOBEDO ALDAY

PRES

03/12/2013

Electronic Signature of Signing Officer or Director

Date