## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000062746

Entity Name: DORZA INC.

FILED Nov 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3605-1 SPRING GLEN ROAD

JACKSONVILLE, FL 32207

3272 LAKE EFFIE COURT NORTH
JACKSONVILLE, FL 32277

Current Mailing Address: New Mailing Address:

3605-1 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

3272 LAKE EFFIE COURT NORTH
JACKSONVILLE, FL 32277

FEI Number: 26-0701263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEARD, BRUCE D

3605-1 SPRING GLEN ROAD

JACKSONVILLE, FL 32207 US

BEARD, BRUCE D

3272 LAKE EFFIE COURT NORTH

JACKSONVILLE, FL 32277 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: BRUCE D BEARD 11/25/2008

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDI

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: **PRFS** (X) Change ( ) Addition BEARD, BRUCE D Name: Name: BEARD, BRUCE D 3605-1 SPRING GLEN ROAD 3272 LAKE EFFIE COURT N Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32277

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: BEARD, ZANDRA O Name: BEARD, ZANDRA O

Address: 3605-1 SPRING GLEN ROAD Address: 3272 LAKE EFFIE COURT N
City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32277

Title: SECR ( ) Change (X) Addition

Name: Name: BEARD, ZANEESHA L

Address: Address: 3272 LAKE EFFIE COURT NORTH
City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE D BEARD PRES 11/25/2008