

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 NOV 13 PM 12:38

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P07000124326

1. Corporation Name

FLORA DORA, INC.

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

414 LIVE OAK LANE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HAVANA, FL

Zip

Country

32333

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
NOVEMBER 15, 2007

5. FEI Number

261495522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Jacqueline B. Dooner

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

414 Live Oak Lane

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

800253804708
11/13/13--01009--013 **1350.00

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

Jacqueline B. Dooner
REGISTERED AGENT MUST SIGN

Date **11-13-13**

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-S-D	MICHAEL JOSEPH DOONER	414 LIVE OAK LANE	HAVANA, FL 32333
		P. O. BOX 2337	HAVANA, FL 32333

REINSTATEMENT

2011 - 2013

SETH

10. E-mail Address: **MDOONER@SOUTHERNFORESTRY.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael Joseph Dooner

Michael Joseph Dooner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/13

Date

850 5672800

Daytime Phone #