PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			_		
CORPORATION REINSTATEMENT	. Secreta	RTMENT OF STATE ary of State corporations		_	LED 3 PM 1:09
DOCUMENT # P12000036312 1. Corporation Name			SECRETARY OF STATE FALL AHASSEE, FLORIDA		
DORALS ELECTI		•			
2. Principal Office Address - No P.O. Box # 7208 NW 25 STREET					
Suite, Apt. #, etc	Suite, Apt #, etc.		CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida		
MIAMI, FL	MIAMI, FL	ΛI, FL		Applied For Not Applicable	
33122 US	33122	US	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status
	ve named corporation, am	T SIGN	bligations of section	002825116 /1601017025 n 607.0505 or 617.0503, F.S. Date 01/22/2016	549 **1260.00
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le Name and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors			ast 3 directors)	City / State / Zip	
P JOSE GANCEDO 72		7208 NW 25 STREET		MIAMI, FL 33122	
REINSTATEMENT			S. HAWKES MAR & 1 A.M.'		
10. E-mail Address; PITRIN@AOL.COM			EXAMINER		
2 man Addioso.		be used for future annual report		207-247-50-16-5	
11 I certify that I am an officer or director or the received reinstatement application, the reason for dissolution owed by the corporation have been paid. I further or if made under oath. I am aware that false information.	has been eliminated, the capity, the optionalism	corporate name satisfies the re ated on this application is true a	equirements of sect	ion 607.0401 or 617.0401, F.S ny signature shall have the sa	., and that all fees me legal effect as

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2016

786-236-8369

Daytime Phone#

SIGNATURE: