

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 Feb 23 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000036312

1. Corporation Name

DORALS ELECTRIC SUPPLY, INC.

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

7208 NW 25 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

7210 NW 25 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

US

Zip

33122

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2012

5. FEI Number

45-5059178

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

N/A

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

JOSE GANCEDO

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

7208 NW 25 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

900282511649
02/23/16--01017--025 **1260.00

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

REGISTERED AGENT MUST SIGN

Date 01/22/2016

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	JOSE GANCEDO	7208 NW 25 STREET	MIAMI, FL 33122
REINSTATEMENT			S. HAWKES
2013 2016			MAR 31 A.M.
1200.00			EXAMINER

10. E-mail Address: PITRIN@AOL.COM

(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2016

786-236-8369

Date

Daytime Phone #