

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 17 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002444

1. Corporation Name
DORAL GROUP CORP.

Principal Place of Business

5431 NW 163 STREET
MIAMI FL 33014
US

Mailing Address

5431 NW 163 STREET
MIAMI FL 33014
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
4410 W. 16 AVE.
City & State
HALEAH, FL
Zip
33012 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
Same
City & State
Same
Zip
Same Country
Same

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1993

5. FEI Number

65-0395092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MICHELEN, JOSE A	4635 N.W. 104TH AVENUE	MIAMI FL 33178
VP	MICHELEN, JANET	4635 NW 104 AVENUE	MIAMI FL

200002352462--0
-11/13/97--01104--021
****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MICHELEN, JOSE A
4635 NW 104 AVE
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*

REGISTERED AGENT MUST SIGN

Date *11/12/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #