APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
02 JAN -3 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable to Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P93000025609

DOTEX, INC
12201 SW 91 Terr, Apt 819
Miami FL 33186

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 3630 Palm Beach Ave
Address:
City and State: Hialeah Florida
Zip Code: 33012

3. Date Incorporated or Qualified To Do Business in Florida: 4/5/93

4. FEI Number: 65-0412131

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
P	Mayra Siverio	3630 Palm Beach Ave	Hialeah FL 33012

REINSTATEMENT 9502

300004756773--7
-01/07/02--01073--008
***1650.00 ***1650.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

Bernardo Pestano
12201 SW 91 Terr, Apt 819
Miami FL 33186

8. Name and Address of New Registered Agent and/or Office

Name: Mayra Siverio
Street Address (Do NOT Use P.O. Box Number): 3630 Palm Beach Ave
Street Address (Do NOT Use P.O. Box Number):
City and State: Hialeah FL. Zip: 33012

CR2E(401)(6-97)

9. 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: X [signature] Date: 12/28/01
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: X [signature] Date: 12/28/01 Daytime Phone #: ( )

Typed or printed name of officer or director:

TOTAL P.01