PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000086992**

1. Corporation Name

DOBAR MANUFACTURING, INC.

Principal Place of Business

Mailing Address

10880 BISCAYNE BLVD. MIAMI FL 33161 10880 BISCAYNE BLVD.

MIAMI FL 33161

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are inco	rrect in any way, li	ne through incorrect in	formation and	d enter correction below.				
New Principal Office Address, If Applicable 3. New				/ Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 12/20/1993			
Suite, Apt.	#, etc.	•	Suite, Apt. #,	Suite, Apt. #, etc.				Applied For	
City & State			City & State	City & State		-	65-0455181	Not Applicable	
						6			
Zip Country			Zip .		Country	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status			
7. Names a	and Street Addres	ses of Each Office	r and/or Director (Flo	rida nonprofit	corporations must list at l	east 3 directors)			
Title(s) 1	2	rs s	Street Address of Ea Officer and/or Direct			City / State / Zip			
PD	BARKER, BARBARA I			7240 SW 20 ST.			PLANTATION FL 33317		
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<u>.</u>	2						-02/21/0101025014 ****900.00 ****900.00		
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				REH	VSTATEM	ent c	10-01		
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
	, ,				Name				
BARKER, BARBARA I 10880 BISCAYNE BLVD.					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33161					Suite, Apt. #, E	Suite, Apt. #, Etc.			
1					City	´			
Signature o		gistered agent of the	NIQ 3	RE	QUIRED	obligations of Sec	tion 607.0505, F.S. Date	•	
Signature o Registered	Agept that I am an office	er or director or the	REGISTERED AG	ENT MUST S	miliar with and accept the	s provided for in ch	FL stion 607.0505, F.S.	r certify that when filing	

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., 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 AND TWEN OR PRINTED MANE OF SIGNING OFFICER OR DR

2/5/01

Daytime Phone #