

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #P94000020196

1. Corporation Name

DORIAN, INC.

Principal Place of Business

777 N.W. 72nd Ave.
Suite 2AA53
Miami, FL 33126

Mailing Address

W99-7063

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

City & State

Zip

Name of Officers
and/or Directors

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

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

Title(s) 1 2

P/D Joseph Benmeleh

S/D Dory Benmeleh

Street Address of Each
Officer and/or Director

3 (Do NOT Use Post Office Box Numbers)

777 N.W. 72nd Ave.

#2AA53
777 N.W. 72nd Ave.

#2AA53

4 City / State / Zip

Miami, FL 33126

Miami, FL 33126

8. Name and Address of Current Registered Agent

Joseph Benmeleh
777 N.W. 72nd Ave., #2AA53
Miami, FL 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

3/23/99

11. This corporation owes 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)(c), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Benmeleh

3/23/99

Date

Digitized by Precise