

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000051464

1. Corporation Name

**DOALIS, INC**

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

**861 SE 47TH STREET**

3. Mailing Office Address

**P.O. BOX 151969**

Suite, Apt. #, etc.

**SUITE B**

Suite, Apt. #, etc.

City & State

**CAPE CORAL, FL.**

City & State

**CAPE CORAL, FL.**

Zip

**33904-9002**

Country

**U.S.A.**

Zip

**33915-1969**

Country

**U.S.A.**

**REINSTATEMENT**

CR2E081 (1/07)

1995-2007

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒

Applied For

☐

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**RENE ALVAREZ**

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

**1208 SE 15th TER.**

Suite, Apt. #, Etc.

City

**CAPE CORAL**

State

**FL**

Zip Code

**33990**



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 **10/16/2007**

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	RENE ALVAREZ	1208 SE 15th TER.	CAPE CORAL, FL. 33990
V	SUSANA A. PAUL	4304 SW 25th PL.	CAPE CORAL, FL. 33914
T	VIVIAN A. BROWN	2111 SW 39th ST.	CAPE CORAL, FL. 33914

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11/05/07--01050--003 \*\*2053.75

10. 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 contained in Chapter 119, 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

**RENE ALVAREZ**

**10/16/2007**

Date

**(239)333-9997**

Daytime Phone #

B Mitchell NOV 5 2007

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**LETTER OF EXPLANATION**

**To Whom It May Concern:**

**I, Rene Alvarez would like to reinstate my corporation:  
"Doalis, Inc." document # P94000051464.**

**I did not receive prior notices since the year of 1995.**

**Please waive the reinstatement fee.**

**Please update my mailing address, so in the future I could  
receive all notifications from the Division of Corporations.**

**My and corporate current mailing address is:**

**P.O. Box 151969  
Cape Coral, FL. 33915-1969**

**Sincerely:**

A handwritten signature in black ink, appearing to read "Rene Alvarez", is written over a large, loopy circular flourish.

**Rene Alvarez, President  
Doalis, Inc.**