

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000004963**

1. Corporation Name

DORIS CO.

Principal Place of Business

7824 N.W. 20TH CT.
SUNRISE FL 33014

Mailing Address

7824 N.W. 20TH CT.
SUNRISE FL 33014

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.

1670 W. 38TH PL

City & State

Hialeah

Zip

FL 33012

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1995

5. FEI Number

65-0554019

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	VILLAGOMEZ, AURORA A	7450 MIAMI LAKES DR. C-207	MIAMI LAKES FL 33322
			600002014346--1
			-11/26/96--01099--020
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

VILLAGOMEZ, AURORA A
7450 MIAMI LAKES DR.
C-207
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

Villagomez Aurora A

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

7824 N.W. 20TH CT

Suite, Apt. #, Etc.

SUNRISE

City

SUNRISE

State

FL

Zip Code

33322

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date: **10/10/96**

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., 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #