

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;"> <b>FLORIDA DEPARTMENT OF STATE</b> DIVISION OF CORPORATIONS</p> <p><b>DOCUMENT #</b> P95000081508 (0)</p> <p>1. Corporation Name <b>DORADO'S CORP.</b></p>		<p style="text-align: center;">FID 99 OCT 26 PM 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p style="font-size: 24px; font-weight: bold;">05/15/99 90009 020 150</p>																																	
<p>Mailing Address      Principal Place of Business</p> <p><b>1335 West 68 Street #308      1335 West 68 St. Apt.308</b> <b>Hialeah Florida 33014      Hialeah Florida 33014</b></p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>		<p><b>DO NOT WRITE IN THIS SPACE</b></p>																																	
<p>2. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip      Country</p>		<p>3. New Principal Office Address, If Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City &amp; State</p> <p>Zip      Country</p>																																	
<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: center;"><b>10/23/1995</b></p>		<p>5. FEI Number</p> <p style="text-align: center;"><b>65-0620885</b></p> <p>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p>																																	
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>		<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PVPS</td> <td>PEDRO E. DORADO</td> <td>1335 West 68 St. Apt.308</td> <td>Hialeah Florida 33014</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		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	PVPS	PEDRO E. DORADO	1335 West 68 St. Apt.308	Hialeah Florida 33014																								
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<p>8. Name and Address of Current Registered Agent</p>		<p>9. Name and Address of New Registered Agent</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name <b>PEDRO E. DORADO</b></td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <b>1335 West 68 St. Apartment 308</b></td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc. <b>Apartment 308</b></td> </tr> <tr> <td>City <b>Hialeah</b></td> <td>State Zip Code <b>FL 33014</b></td> </tr> </table>		Name <b>PEDRO E. DORADO</b>		Street Address (P.O. Box Number is Not Acceptable) <b>1335 West 68 St. Apartment 308</b>		Suite, Apt. #, Etc. <b>Apartment 308</b>		City <b>Hialeah</b>	State Zip Code <b>FL 33014</b>																								
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<p>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.</p> <p>Signature of Registered Agent:  Date: <b>10/21/1999</b></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																																			
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																			
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																			
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the registrar 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.</p>																																			
<p><b>SIGNATURE:</b> </p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p style="text-align: center;"><b>10/21/199 (305) 362-9139</b></p> <p style="text-align: center;">Date      Daytime Phone #</p>																																	

CORP-000 (6/94)

DORADO'S CORPORATION  
1335 West 68 Street  
Apartment 308  
Hialeah Florida 33014  
Document #P95000081508 (0)

October 21, 1999.

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
Tallahassee Florida

Dear Sir or Madam:

As per our telephone conversation concerning  
my corporation above mentioned, I am here enclosing a Reinsta-  
tement already signed as requested to incorporate my corporation.

Thanks very much for all your attention in this  
matter.

Very truly yours,



Pedro Dorado, President  
DORADO'S CORPORATION