

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

158.75

CORPORATION
REINSTATEMENT

2006



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 10:16

DOCUMENT # P96000010241

1. Corporation Name

DOR REALTY INC

2. Principal Office Address

1326 N DIXIE HWY

3. Mailing Office Address

1326 N DIXIE HWY

Suite, Apt. #, etc.

SUITE # 9

Suite, Apt. #, etc.

SUITE # 9

City & State

LAKE WORTH FLA.

City & State

LAKE WORTH FLA.

Zip
33460

Country
PALM BEACH

Zip
33460

Country
PALM BEACH

500073723995
05/02/06--01046--027 **183.75
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number
65-0641941

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
DORIS R WAGNER

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

1326 N DIXIE HWY

Suite, Apt. #, etc.

SUITE # 9

City

LAKE WORTH

State
FL

Zip Code
33460

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

Doris R Wagner

REGISTERED AGENT MUST SIGN

Date

4-8-06

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
BROKER	DORIS R WAGNER	1326 N DIXIE HWY	LAKE WORTH FL
			33460

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:

Doris R Wagner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-06

Date

Daytime Phone #