


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000020239			
1. Corporation Name DOGLA INCORPORATED			
2. Principal Office Address 524 41st Street Suite, Apt. #, etc. 301 City & State Miami Beach, Florida Zip 33140 Country Miami-Dade		3. Mailing Office Address 524 41st Street Suite, Apt. #, etc. 301 City & State Miami Beach, Florida Zip 33140 Country Miami-Dade	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 3/5/96	
5. FEI Number 650648391	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Marc Birnbaum, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1031 Ives Dairy Road	
Suite, Apt. #, Etc. 228	
City Miami	State FL
Zip Code 33179	

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 8/28/01

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/D	Dov. Dunaevsky -	524 41st Street, #301	Miami Beach, FL 33140

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 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

8/30/01 (305) 532 9557
Date Daytime Phone #