

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048385

1. Corporation Name

Donron Co.

2. Principal Office Address

3600 N.W. 37 Court

Suite, Apt. #, etc.

3. Mailing Office Address

3600 N.W. 37 Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

Dade

City & State

Miami, Florida

Zip

33142

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/31/96

5. FEI Number

Applied For

Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

7. Name and Address of Current Registered Agent

Name

Nate Schinik

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

3600 N.W. 37 Court

Suite, Apt. #, Etc.

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-12/22/00--01020--019

******750.00 ****750.00**

City

Miami,

State

FL

Zip Code

33142

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**

Nate Schinik

Date **11/24/00**

REGISTERED AGENT MUST SIGN

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	Nate Schinik	3600 N.W. 37 Court	Miami, Florida 33142

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:

Nate Schinik **NATE SCHINIK 11/24/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #