

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR -5 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058600

1. Corporation Name

DONIA, INC.

Principal Place of Business

6549 FAIRWAY HILL COURT
ORLANDO FL 32835

Mailing Address

6549 FAIRWAY HILL COURT
ORLANDO FL 32835

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1996

5. FEI Number

59-3433831

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	ANIS, FAYEK F	6549 FAIRWAY HILL COURT	ORLANDO FL 32835
D	Mansour, Maher	6549 Fairway Hill Court	Orlando, Florida 32835
P, T	Khalil, Violette	6549 Fairway Hill Court	Orlando, Florida 32835
S, VP	Khalil, Venus	6549 Fairway Hill Court	Orlando, Florida 32835

8. Name and Address of Current Registered Agent

CLEMENT, G E ESQ
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name
James R. LaVigne, Esquire
Street Address (P.O. Box Number is Not Acceptable)
5401 South Kirkman Road
Suite, Apt. #, Etc.
500
City
Orlando

State
FL
Zip Code
32819

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Violette Khalil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Violette Khalil

Date

(407) 397-7333
Daytime Phone #

CR25046 (8/97)