

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000091939

1. Entity Name
DORN HOLDINGS, INC.



FILED

06 OCT -9 PM 2:24

RECEIVED OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
27745 OLD 41 RD.
BONITA SPRINGS, FL 34135

Mailing Address
27745 OLD 41 RD.
BONITA SPRINGS, FL 34135

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



10052006 REIN-P CR2E098 (11/05) 06

4. FEI Number
65-0732787

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVE.
27TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lorne Dorn 10-5-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DORN, LORNE	
STREET ADDRESS	27745 OLD US 41 RD	
CITY-ST-ZIP	BONITA SPGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUIZENG, H. WAYNE	
STREET ADDRESS	27745 OLD US 41 RD	
CITY-ST-ZIP	BONITA SPGS, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRANDEN, CRIS	
STREET ADDRESS	450 E LAS OLAS BLVD 1500	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900080635719
CITY-ST-ZIP	10/09/06--01035--022 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorne Dorn 10-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #