

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10/2

APPLICATION  
FOR



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

FILED

00 OCT 19 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000015945

1. Corporation Name

DORANNA GRAND, INC.

Principal Place of Business

1600 N. FEDERAL HWY  
POMPANO BEACH FL 33060

Mailing Address

2309 NW 64TH ST  
BOCA RATON FL 33496

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0744896

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	KLAFTER, RIVY L	2309 NW 64TH STREET	BOCA RATON FL 33496

300003448033--2  
-11/02/00--01007--020  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLAFTER, RIVY  
2309 NW 64TH STREET  
BOCA RATON FL 33496

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10.16.2000

11. 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.

KE

SIGNATURE

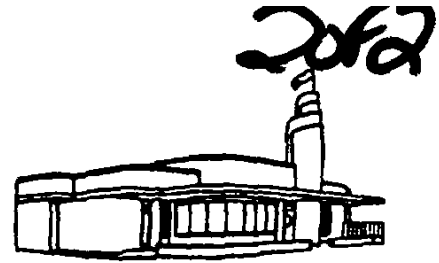
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.16.2000

Daytime Phone #

CR2040 (800)



1600 N. Federal Hwy, Pompano Beach, FL 33062  
(954) 781-9494 • Fax: (954) 781-3980

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October 16, 2000

Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

To whom it may concern;

As per my telephone conversation with you on Friday October 13th, you directed us to send this letter explaining that we did not receive any previous application for our annual corporate report. Upon receiving the enclosed reinstatement form we called you and you advised us to send our check in the amount of One Hundred and Fifty dollars along with this letter of explanation and we are requesting that the additional fees be waived.

We have enclosed the reinstatement application and have completed it accordingly.

Sincerely,

  
Rivy L. Klaffer