
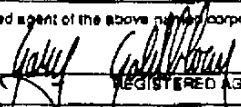



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		03/18/99 10:01 AM 71	
<b>DOCUMENT #</b> <u>PC17000017015</u>					
1. Corporation Name <b>DORAL AUTHORITY NORTH, INC.</b>					
Principal Place of Business			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable <b>201 ALHAMBRA CIRCLE</b> Suite, Apt. #, etc. <b>514</b>		3. New Mailing Address, if Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>2/24/97</b>	
City & State <b>CORAL GABLES, FL</b>		City & State		5. FEI Number <b>65-0741377</b>	
Zip <b>33134</b>		Country <b>USA</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
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		
	GARY GOLDBLOOM / Pres.	201 ALHAMBRA CIRCLE, SUITE 514	CORAL GABLES, FL 33134		
	GEORGE GOLDBLOOM / Pres	201 ALHAMBRA CIRCLE, SUITE 514	CORAL GABLES, FL 33134		
<b>REINSTATEMENT 98-99 T.S. 4/20/99</b>					
8. Name and Address of Current Registered Agent <b>GARY GOLDBLOOM</b> <b>801 S. BAYSHORE DRIVE</b> <b>MIAMI, FL 33131</b>			9. Name and Address of New Registered Agent Name <b>GARY GOLD BLOOM</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 ALHAMBRA CIRCLE</b> Suite, Apt. #, Etc. <b>514</b> City <b>CORAL GABLES</b> State <b>FL</b> Zip Code <b>33134</b>		
10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 				Date <b>3/18/99</b>	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax)					

I do hereby certify that the information supplied with this filing is so accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**  **4/8/99 C. 305/446 8188**