

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800009239638  
11/27/02--01040--015 \*\*758.75

DOCUMENT # P97000048710

1. Corporation Name

DORIS INTERNATIONAL INC.

Principal Place of Business

1820 SOUTH OCEAN DRIVE  
SUITE 5  
HALLANDALE FL 33009

Mailing Address

7471 LEONARD DE VINCI  
MONTREAL QUEBEC H2A2P3  
CA

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

06/03/1997

5. FEI Number

58-2322124

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COBD	HASEN, JACK	7471 LEONARD DE VINCI	MONTREAL, QUEBEC H2A2P3
PD	BROWN, MITCHELL	7471 LEONARD DE VINCI	MONTREAL, QUEBEC H2A2P3
CFOT	CHISLING, WARREN D	7471 LEONARD DE VINCI	MONTREAL, QUEBEC H2A2P3
EVGM	POIRIER, MICHAEL D	7471 LEONARD DE VINCI	MONTREAL, QUEBEC H2A2P3
S	BLANSHAY, LIONEL J	7471 LEONARD DE VINCI	MONTREAL, QUEBEC H2A2P3
D	HASEN, PASCALE	7471 LEONARD DE VINCI	MONTREAL, QUEBEC H2A2P3

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Brian Courtney*  
Asst. V Pres.  
REGISTERED AGENT MUST SIGN

Date

11-26-02

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.

SIGNATURE:

*Signature of Warren D. Chisling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 25, 2002 (SM) 376-3000

CR2E040 (802)