

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 AM 9:53

DOCUMENT # **P97000056363**

1. Corporation Name

DOVAX INTERNATIONAL INC

2. Principal Office Address

1367 BANYAN WAY
Suite, Apt. #, etc.

3. Mailing Office Address

1367 BANYAN WAY
Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33327

Country

USA

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/1997

5. FEI Number

65-0846560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CESAR DONGO-SORIA

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

1367 BANYAN WAY

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code

33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **5/14/01**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CESAR DONGO-SORIA	1367 BANYAN WAY	Weston, FL 33327
UPT	ISAAC VARON	1430 GOLF BLVD #104	CLEARWATER, FL 33767

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05/05/01 01074 000

***1058.75 ***1058.75

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10. 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 AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CESAR DONGO-SORIA

Date

5/14/01

Daytime Phone #

954-401-2733

CR2E081 (9/00)