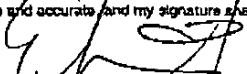


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 2:11

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000080114					
1. Corporation Name Dorado Sales, Inc.					
2. Principal Office Address 3927 Bay Court Avenue Suite, Apt. #, etc.			3. Mailing Office Address 3927 Bay Court Avenue Suite, Apt. #, etc.		
City & State Tampa, Florida			City & State Tampa, Florida		
Zip 33611	Country Hillsborough	Zip 33611	Country Hillsborough	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FBI Number 59-3536150	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Richard A. Jacobson					
Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Blvd.					
Suite, Apt. #, Etc. Ste. 1700					
City Tampa				State FL	Zip Code 33602
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.					
Signature of Registered Agent _____ Date _____					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City/State/Zip	
D	Steven Schmidt	16602 Villalenda de Avila		Tampa, FL 33626	
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)(f), 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: 		Steven Schmidt		11-29-05 813-975-1709	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

R. A. Jacobson
Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FOWLER, WHITE, BOGGS, BANKER, P.A.
Account Number : 075410001562
Phone : (813)228-7411
Fax Number : (813)228-9401

100-2209

CORPORATION REINSTATEMENT

DORADO SALES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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