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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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.

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address		3. Mailing Office Address	
3927 Bay Court Avenue		3927 Bay Court Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa, Florida		Tampa, Florida	
Zip: 33611	Country: Hillsborough	Zip: 33611	Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3536150 ☐ 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: 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 607.0505 or 617.0505, 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)(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: _____ Steven Schmidt 11-29-05 813-975-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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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

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CORPORATION REINSTATEMENT

DORADO SALES, INC.

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

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