

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S74629

1. Corporation Name

ALDORA ENTERPRISES, INC.

W12-2892

2. Principal Office Address - No P.O. Box #

23 MIAMI DRIVE

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

Zip

33952

Country

HIGHLANDS

3. Mailing Office Address

23 MIAMI DRIVE

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

Zip

33852

Country

HIGHLANDS

7. Name and Address of Current Registered Agent

Name

DORA A. TARABORI

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

23 MIAMI DRIVE

Suite, Apt. #, Etc.

City

LAKE PLACID

State

FL

Zip Code

33852

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

*Dora A. Tarabori*

Date

1/4/12

REGISTERED AGENT MUST SIGN

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
PRES TREAS DIRECTOR SEC	DORA TARABORI	23 MIAMI DRIVE	LAKE PLACID, FL 33852
REINSTATEMENT			
10-12			
FEB 13 2017			
R. HUNT			

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*Dora A. Tarabori*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-12

Date

863-465-2740

Daytime Phone #

FILED

12 FEB 13 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800218675958  
01/17/12--01063--004 \*\*750.00

800218675958  
02/13/12--01059--004 \*\*300.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/20/1991

5. FEI Number

650278501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status