

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/27/02--01051--006 **150.00

DOCUMENT #

N18361

1. Corporation Name

Dorry Med Inc.

2. Principal Office Address

1409 Victoria Isle Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1409 Victoria Isle Lane

Suite, Apt. #, etc.

City & State

Weston FL

City & State

Weston, FL

Zip

33327

Country

USA

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-3-90

5. FEI Number

65-0317056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

JONATHAN TSARFATI

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

1409 Victoria Isle Lane

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

Jonathan Tsarfati

Date 12-24-02

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
CEO	JONATHAN TSARFATI	1409 Victoria Isle Lane	West Weston FL 33327
Secretary	DORRY TSARFATI	1409 Victoria Isle Lane	Weston FL 33327

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:

Jonathan Tsarfati JONATHAN TSARFATI

12-24-02

Date

954.649.8902

Daytime Phone #

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for reinstatement of status – Dorry Med Inc.

This letter serves as an official request to re-instate the status of Dorry Med Inc. Probably, due to a change of address; we haven't received the UBR forms for 2002.

Enclosed, you'll find the following documents:

- Filled corporation reinstatement form
- A check for \$150.00 made payable to Secretary of State

Sincerely

A handwritten signature in black ink, appearing to read 'Jonathan Tsarfati', with a stylized flourish at the end.

Jonathan Tsarfati