

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

00 MAY 26, PH 3:45

DOCUMENT # V66248

**1. Corporation Name**

DORAL STEAK ON THE RUN, INC.

**2. Principal Office Address**

351 N.W. 42 Avenue

Suite, Apt. #, etc.

Suite 203

City & State

Miami, Florida

Zip

33126

Country

USA

**3. Mailing Office Address**

P.O. Box 330044

Suite, Apt. #, etc.

City & State

Coconut Grove, Florida

Zip

33233

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/23/92

**5. FEI Number**

65-0395672

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

Hamid Bolooki

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

351 N.W. 42 Avenue

Suite, Apt. #, Etc.

Suite 203

City

Miami,

State

FL

Zip Code

33126

**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

*Hamid Bolooki*

Date 5/24/00

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
P	Hamid Bolooki	351 NW 42 Avenue #203	Miami, Fl. 33126

**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:** Hamid Bolooki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00

Date

(305) 643-5040

Daytime Phone #

AD

CR2E081 (9/99)