2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	ne NO CON	# N04429 DOMINIUM HOME IC.	OWNERS	FILEO 05 JUN 17 AN 11: 48					
Principal Plac C/O E. HERR 1632 W. 42N HIALEAH, FL	ERA ND PLACE 33012	US	Mailing Address AMERICA MANAGEMENT & REALTY, INC. 207 WEST 62 XIREET HIALPAH, FL 330V6 US						
2. Principal Place of Business A LENTING CONSTRUCTOR ENGINEER Suite, Apt. #, etc. Suite, Apt. #, etc.						0000000			ija i a i i i i i i i i i i i i i i i i
1632 W. 42 PL.			1632 W 42 mp PL			06022005 REIN-NP CR2E099 (6/04) 4. FEI Number Applied For			
HIALE	AA PL		HIALEAL TL			26-6196959		Not	1 Applicable
3301		DAGE	33012	100	Ade	Certificate of Status Desired			
HENRY A	MANAGÉ ERNANDE ET 62/STR	₽ĔĬ	RIQUE (P.O. Box Number is	HERRER	•	12-			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of States									ate
10.	PD	OFFICERS AND DIF	RECTORS Delete	11.		ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AQUINO, 1634 W. 4		NAM Stre			600056310276 06/17/0501066003 **122.50			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1632 W 4	A, ENRIQUE 2 PLACE , FL 33012	• · · · ·			The Language was a series of		☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D LOPEZ 1632 A 4 HIALEAH	DUARDO 2 PUACE - FE 33012			_ uscipad			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A: 855 - 821-169									
H. Sac Co. 1.46									