## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

REIN	STATEMENT	DI	Secretary of S	•	5-	ILED	
DOCUMENT # <b>P0000058301</b> 1. Corporation Name					02 FEB 28 AM 11: 09		
SANTO DOMINGO SERVICES CORP.					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Mailing Add			ress			, , a	
2290 N.W. 28 STREET SUITE C MIAMI FL 33142		2290 N.W. 28 STREET SUITE C MIAMI FL 33142					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					1 OF UST ONLY		
New Principal Office Address, If Applicable		3. New Maili	3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     OC145 (2000)		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number   Applied For		
City & State		City & State			65-106257/ Not Applicable		
_Zip	Country	Zip	Countr	y	_6CERTIFICATE	OF STATUS DESIRED D	Additional Fee required Certificate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)		
Title(s)	(s) Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director		City / State / Zip	
PD	LAREZ, EGLYS 2290 N.W. 28 S			REET	T MIAMI FL 33142		
SD	PINEDO, MILADY R		6405 COW PEN ROAD APT. Q103			MIAMI LAKES FL 33014	
•				-			,
			00		000051830602 -04/02/0201041018		
							*****900.00
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
LAREZ, EGLYS 660 WEST PARK DRIVEAPT. 208				Street Address (P.O. Box Number's Net Acceptable)  465 West ark  Suite, Apt. #, Etc.			
MIAMI FL 33172						State   2	Zip Code 3 3 / 12 /
10. I, being	appointed the registered agent of the abo	ive named corpo	pration, am familiar wi	ith and accept the ob	oligations of Section	on 607.0505, F.S.	100
Registered Agent Date Date							
	Agent	GISTERED AG	EN MUST SIGN			Date OF 16	

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: \$10