


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 30 PM 2:42
STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114571

1. Corporation Name
DOMINION World, Inc.

REINSTATEMENT 02-06
CR2E081 (12/05)

2. Principal Office Address 5079 N DIXIE HWY Suite, Apt. #, etc. 172 City & State FT. LAUD, FLORIDA Zip 33334		Country Broward		3. Mailing Office Address 5079 N DIXIE HWY Suite, Apt. #, etc. 172 City & State FT. LAUD FLA Zip 33334		Country Broward	
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4. Date Incorporated or Qualified To Do Business in Florida **11/30/2001**

5. FEI Number **01-0878635**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

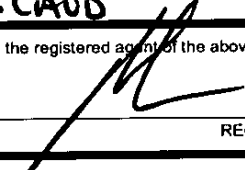
Name **Rocco Sebastiani**

Street Address (P.O. Box Number is Not Acceptable) **5079 N DIXIE HWY**

Suite, Apt. #, Etc. **172**

City **FT. LAUD** State **FL** Zip Code **33334**

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  Date **Nov 24-06**

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	Rocco Sebastiani	5079 N DIXIE HWY 172	FT. LAUD. FLA 33334
VP	Sheree Sebastiani	5079 N DIXIE HWY 172	FT. LAUD FLA 33334

900082178139
11/30/06--01045--003 **750.00

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 contained in Chapter 119, 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:  **Rocco Sebastiani** Nov 24-06 954557-4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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DOMINION WORLD, INC.
5079 N DIXIE HWY #172
FORT LAUDERDALE, FLORIDA 33334
TEL(954)873-0932

NOVEMBER 26, 2006

**THIS LETTER IS TO CERTIFY THAT I HVE NOT RECEIVED ANY -2002
1ST OR 2ND NOTICES FOR THE RENEWAL OF MY
CORPORATION. ALSO THE ADRESS LISTED IN YOUR
RECORDS MUST BE CHANGED TO HAVE MY NEW ADDRESS
LISTED ABOVE. PLEASE FIND ENCLOSE MY \$750.00 CHECK
TO RENEW.**

THANK YOU

ROCCO SEBASTIANI