

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 15 PM 4:00

DOCUMENT # P97000025661

1. Corporation Name

DOMINICAN RECORD SHOP, INC.

Principal Place of Business

Mailing Address

801 S. DIXIE HIGHWAY
#813
POMPANO BEACH FL 33060

801 S. DIXIE HIGHWAY
#813
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0736762

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	REYES, JAIRO Z	813 S DIXIE HIGHWAY	POMPANO BCH FL 33060

800004713628--0
-12/07/01--01004--011
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYES, JAIRO Z
813 S DIXIE HIGHWAY
POMPANO BEACH FL 33060

Name MIRIAM LIZETTE ZAMORANO
Street Address (P.O. Box Number is Not Acceptable)
813 S. DIXIE HWY
Suite, Apt. #, Etc.
City POMPADNO BEACH State FL Zip Code 33060

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Lizette Zamora
REGISTERED AGENT MUST SIGN

Date 10-20-01 AD

11. 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)(l), 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:

Lizette Zamora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

Pompano Beach October 20, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Dear Sirs:

Enclose please find a check in the amount of \$158.75, to cover the filing of our 2001 corporation annual report/uniform business report.

The reason that we did not file the report on time was because we did not receive the application, therefore we could not pay our debt on time.

Sincerely


Miriam Lizette Zamorano
Agent