APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mort Secretary of Statistics of Corporation of Corporation (Corporation)		NT OF STATE rtham State	FILED		
DOCUMENT # UUD 210					98 APR 27 AM 8:	
DOMINGO INVESTMENTS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Addre	oss				
C/O MERCEDES LOPEZ CI 5971 S.W. 88 ST. Miami, FL 33156			Soveretian halou	REINST	TATEMENT	94-98
If above addresses are incorrect in any way, line throw 21 250 WEST AVENUE	3. New Mailing Office Address, If		correction below.	Date Incorpor To Do Busin	orated or Qualified DOES	
Suite, Apt #, etc. Bay Gardens, Unit 7-C	Suite, Apt. #, etc. City & State			5. FEI Number	тррпва го	
Cipt State Miami Beach, FL Zip 33139 Country	Zip Zip	Countr	у	Unknow 6.	\$8.	Not Applicabl 75 Additional Fee requir
7. Names and Street Addresses of Each Officer and/	or Director (Flor	ida nonprofit corpora	ations must list at lea		e Or atkiloa DealiteD &	or a Certificate of Status
Title(s) Name of Officers and/or Directors		Of	eel Address of Each ficer and/or Director se Post Office Box N		City / St	ate / Zip
resident. NELLY RODRIGUEZ.		1250 W. Avenue. Miami Beach, FL			Bay Gardens MIAMI Beach	FT. 33139
				60	-05/05/980 ***1350.00 00002510 -05/05/980 ******	***1350.00 ***1350.00 ****1350.00 **********************************
			Name	9. Name and A	ddress of New Registered	Agent
NELLY RODRIGUEZ.			Street Address (P.O. Box Number is Not Acceptable)			
1250 West Avenue Bay gardens, Unit 7-C Miami Beach, FL 33139			Suite, Apt. #, Etc. City State Zip Code			
I, being appointed the registered agent of the above	/e named corpor	ration, am familiar wi	th and accept the ob	oligations of Section	FL on 607.0505, F.S.	
ignature of egistered Agent Overlay Kod	MIGHE GISTOFIED AGE	NT MUST SIGN			Date 4-20-98	
11. This corporation owes or ha	s paid the y tax due	e current yea June 30.	ar Yes 🐼	No 🗖		e for information gible tax.)
Intangible Personal Property			(F.)	rovided for in char	Net 607 or 617 E.S. Hudber	
Intangible Personal Property 12. Learlify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my significant in the corporation have been paid and the number of the corporation have been paid and my significant in the corporation is true and accurate, and my significant in the corporation is true and accurate.	lution has been e ames of individu	eliminated, the corpo als listed on this forn	rate name satisfies t in do not qualify for a	the requirements of an exemption unde	of section 607.0401 or 617.04	101, F.S., that all fees