

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
DIVISION OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 AM 2:13

DOCUMENT # 703854

1. Corporation Name

Dommerich Hills Ass. Inc

600005049456--0

-03/06/02--01022--006

*****81.25 *****81.25

2. Principal Office Address

2290 Tuscarora Tr

Suite, Apt. #, etc.

0

City & State

Maitland FL

Zip

32751 ORANGE

Country

3. Mailing Office Address

2290 Tuscarora Tr

Suite, Apt. #, etc.

City & State

Maitland FL

Zip

FL ORANGE

Country

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/6/1962

5. FEI Number

59-233797

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Antonietta DeToma

Street Address (P.O. Box Number is Not Acceptable)

2290 Tuscarora Trail

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

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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

Antonietta DeToma

REGISTERED AGENT MUST SIGN

Date

2-21-02

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
D	Antonietta DeToma	2290 Tuscarora Tr	Maitland, FL 32751
D	Maureen Hartley	2222 Chippewa Tr	Maitland, FL 32751
D	Robin Wells	2520 Big Bend Tr	Maitland, FL 32751

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 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:

Antonietta DeToma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/02

Daytime Phone #

(407) 629-2489

CR2E081 (9/01)