

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JAN -4 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716054

1. Corporation Name

DOMINO ONE CONDOMINIUM, INC.

Principal Place of Business

8001 CRESPI BOULEVARD
MIAMI BEACH FL 33141

Mailing Address

8001 CRESPI BOULEVARD
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1969

5. FEI Number

59-1310473

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	LINDA REYES LUISA DIAZ	8001 CRESPI BLVD. 100 2-D	MIAMI BEACH FL - 33141
PD	EUGENE MENENDEZ	8001 CRESPI BLVD 60 5-D	MIAMI BCH, FL 00000-33141
T	WILLIAM DIAZ AMPARO REYES	8001 CRESPI BLVD 100 7-B	MIAMI BCH, FL 00000-33141
VP	BEYES, AMPARO LEONARD A. SERNAQUE	8001 CRESPI BLVD, 100 4-B	MIAMI BCH, FL 00000 33141
D	JACQUE MARINA MARCELO CAVATORTA	8001 CRESPI BLVD, 100 2-A	MIAMI BCH, FL 00000 33141

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name MARCELO CAVATORTA MARCELO CAVATORTA	Name MARCELO CAVATORTA
Street Address (P.O. Box Number is Not Acceptable) 8001 CRESPI BLVD. APT. 2-A 8001 CRESPI BLVD. APT. 2-A	Street Address (P.O. Box Number is Not Acceptable) 8001 CRESPI Blvd.
Suite, Apt. #, Etc. MIAMI BEACH FL 33141	Suite, Apt. #, Etc. Apt. 2-A
City MIAMI BEACH	City MIAMI BEACH
State FL	State FL
Zip 33141	Zip 33141

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/23/99

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

MARCELO CAVATORTA N. 11/23/99 (305) 264 9726

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