

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 AUG 17 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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08/01/12--01004--001 \*\*3000.00

CR2E041 (1/11)

DOCUMENT # *A9600000 1024*

1. Limited Liability Company's Name

*Dominguez LTD*

2. Principal Office Address - No P.O. Box #

*7911 noremoc ave*

Suite, Apt. #, etc.

3. Mailing Office Address

*Same*

Suite, Apt. #, etc.

City & State

*Miami Beach*

City & State

Zip *33141*

Country *FI*

Zip *33141*

Country *FI*

4. State/Country of Formation

*FI / USA*

5. Date Organized or Qualified To Do Business in Florida

*5/31/1996*

6. FEI Number

*65-0570169*

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

*MARTA DOMINGUEZ*

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

*7911 noremoc ave*

Suite, Apt. #, Etc.

*Miami Beach, FI*

City

State

*FL*

Zip Code

*33141*

E-mail Address:

*@yahoo.com*

*Martadominguezltd*  
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

*Marta Dominguez*

REGISTERED AGENT MUST SIGN

Date

*7/23/12*

10. Names and Street Addresses of Managing Members/Managers

**REINSTATEMENT**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MGR</i>	<i>Marta Dominguez</i>	<i>7911 noremoc AVE</i>	<i>Miami Beach, FI 33141</i>

B. BOSTICK

AUG 20 2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager

*Marta Dominguez*

Date

*7/23/12*

Daytime Phone #

*305-778-1930*

Typed or printed name of signing Managing Member/Manager

*Marta Dominguez*