

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 PM 12:04

DOCUMENT # LO5000091172

1. Limited Liability Company's Name

DOMINION Engineering, LLC

300172878603
03/23/10--01011--014 **277.50
CR2E041 (11/09)

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

3. Mailing Office Address

4706 N. THATCHER AVE

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33543

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

9/15/05

6. FEI Number

20-3470516

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

TODD SCIME

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

4706 N. THATCHER AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33543

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 3/14/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCIME, TODD	4706 N. THATCHER AVE	TAMPA, FL 33543
MGR	SUDNAK, PAUL	4706 N. THATCHER AVE	TAMPA, FL 33543

REINSTATEMENT 2009 2010

11. E-mail Address:

(To be used for future annual report notifications)

12. 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.

Signature of
Managing Member/Manager

[Signature]

Date

3/14/2010

Daytime Phone #

813-870-0084

Typed or printed name of signing Managing Member/Manager

T. Hampton MAR 24 2010