

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

90 JUN-8 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-99

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L59184

1. Corporation Name
DOMIAMI, INC

Principal Place of Business Mailing Address
19407 NW 62 AV
MIAMI FL 33015

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

2. New Principal Office Address, if Applicable 1007 SW 8 ST Suite, Apt. #, etc		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc		4. Date Incorporated or Qualified To Do Business in Florida 03/19/90	
City & State MIAMI FLORIDA		City & State		5. FEI Number 65-0183013	
Zip 33130	Country U.S.A.	Zip	Country	6. Certificate of Status Desired <input checked="" type="checkbox"/> <small>Apply for Certificate of Status</small>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	PETRA GUERRERO	925 BRIAR RIDGE RD	WESTON FL 33327

09/6/98

8. Name and Address of Current Registered Agent EDMUNDO GARCIA 19407 NW 62 AV MIAMI FL 33015		9. Name and Address of New Registered Agent Name: PETRA GUERRERO Street Address (P.O. Box Number is Not Acceptable): 925 BRIAR RIDGE RD Suite, Apt. #, Etc. City: WESTON State: FL Zip Code: 33327	
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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: *Petra Guerrero* Date: 06-04-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax)

12. 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)(c), 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: *Petra Guerrero*
Prepared BY: PETRA GUERRERO (at BRIAR RIDGE RD. WESTON FL 33327) 6-4-99 (305)-828-8622

Florida Department of State
Division of Corporations
Public Access System
Katharine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

DOMIAMI, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,358.75

1508.75