

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L94000000480

1. Entity Name  
DOMPAS, L.C.



FILED

07 OCT -9 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

MISSOURI MART  
1602 MISSOURI AVE  
LARGO, FL 33770

Mailing Address

75 NORTH QUEEN STREET, UNIT 2  
TORONTO, ON M8Z 2-C7

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242007 REIN-LLC

CR2E101 (1/07)

4. FEI Number  
59-3267677

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, DANIEL A  
105-F DUNBAR AVE  
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name  
Harris, Daniel A

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

3937 Tampa Road, Suite 2

City  
Oldsmar

FL Zip Code  
34677

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Daniel A. Harris

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/07

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DICERBO, PASQUALE  
75 NORTH QUEEN STREET, UNIT 2  
TORONTO, ONTARIO M8Z 2C7, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DICERBO, ROSA  
75 NORTH QUEEN STREET, UNIT 2  
TORONTO, ONTARIO M8Z 2C7, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
500110059695  
09/28/07--01050--020 \*\*150.00

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REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PAT D. CERBO

SEP-25-07

Date

Daytime Phone #