

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 10 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M57236

1. Corporation Name

Dominican Enterprises, Inc.

Principal Place of Business

Mailing Address

c/o Carlos Alberto Castro
1001 S. Bayshore Drive, Suite 2410
Miami, FL 33131-4907

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

2. New Principal Office Address, If Applicable

3511 Alhambra Circle

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/11/1989

5. FEI Number

N/A

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Renta, Luis Alvarez	3511 Alhambra Circle	Coral Gables, FL 33134
D	Rivera, Luis Alvarez	3511 Alhambra Circle	Coral Gables, FL 33134

8. Name and Address of Current Registered Agent

Castro, Carlos Alberto
1200 Brickell Avenue, Suite 1440
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
Renta Luis Alvarez
Street Address (P.O. Box Number is Not Acceptable)
3511 Alhambra Circle
Suite, Apt. #, Etc.
City
Coral Gables
State
FL
Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes 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)(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 #