



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M57236 1. Entity Name DOMINICAN ENTERPRISES, INC.						FILED OCT 13 AM 8:43 TALLAHASSEE, FLORIDA T. Roberts OCT 14 2005 	
Principal Place of Business 1111 CRANDON BLVD C-305 KEY BISCAYNE, FL 33149		Mailing Address 1111 CRANDON BLVD C-305 KEY BISCAYNE, FL 33149					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name					
		Street Address (P.O. Box Number is Not Acceptable)					
		City					
		FL Zip Code					
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 <u>Connie Bryan</u>		CONNIE BRYAN SPECIAL ASSISTANT SECRETARY		DATE <u>10/13/2005</u>			
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RENTA, LUIS ALVAREZ		NAME				
STREET ADDRESS	3511 ALHAMBRA CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RIVERA, LUIS ALVAREZ		NAME				
STREET ADDRESS	3511 ALHAMBRA CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.							
SIGNATURE: <u>[Signature]</u>			DATE <u>10/1/05</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				