2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	n e	# N9700005 DOMINIUM SOUTH			OBOCT 16 PM 2: 39 SECRETARY OF STATE TALLAHASSEE, FLORID: -					
Principal Place of Business 7762 NW 197TH ST. MIAMI, FL 33015 US			Mailing Address 900 W. 49 ST. 220 HIALEAH, FL 33012 US			300136987143 .10/16/08 01049 006 \$61.25				
2. Principal Place of Business - No P.O. Box # 3676 SW 249 Street Suite, Apt. #, etc.			3. Mailing Address 36.76 SW 2nd St. Suite, Apt. #, etc.				CATEM			
Milami, 71.			City & State . Miami, FL.				4. FEI Number 65-0852469	——————————————————————————————————————	plied For t Applicable	
331>		Country USA	3313	5	USA.		5. Certificate of Stat	······································	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name O T T O O A T T T A A T T T T A T T T T					
DELATORRE, CLEMENTE J 900 W. 49 ST. 220					Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33012					3676 SW 279 St.					
Tilium FL 35/55										155
8. The above named writing 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. (NOTE: Registered Agent algusture required when reinstating) DATE										
FILE NOWIII FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. PATE NOTE: Registered Agent algusture required when refustating) DATE Make check payable to Florida Department of State										
10.		OFFICERS AND DIR	ECTORS		11.	A	DDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	10
TITLE NAME	PD FERNANI	DES, AMARILYS	(2	Delete	TITLE NAME	i\si	rector	AMARILYS	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	900 W 49	ST STE 220 , FL 33012			STREET ADDRESS CITY-ST-ZIP	36	16 SW Z	d Street		
TITLE NAME	VPD SANCHE	Z, MARTHA ESTELLA	C] Delete	TITLE NAME			•	Change Change	Addition
STREET ADDRESS CITY-ST-ZIP	900 W 49	ST STE 220 , FL 33012			STREET ADDRESS CITY-ST-ZIP		ami 71.	g Street 33135		
TITLE	TD		C	Delete	TITLE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1	OLANDA ST STE 220 , FL 33012			NAME STREET ADDRESS CITY-ST-ZIP		76 SW 2	nd street		
TITLE	SD			Delete	TITLE	, ,,			(X) Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	REYES, F	REYNA ST. STE 220			NAME STREET ADDRESS		16 SHO ZA	d Street		
Officer Co.		, FL 33012			CITY-ST-ZIP	lM i	amı Tı	DD122		
TITLE	HIALEAH D	<u> </u>		Detete	TITLE	Mic	ami, Tl.	20122	(In Change	☐ Addition
	HIALEAH D ANGULO	<u> </u>	С	Delete			•	street	[27] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIALEAH D ANGULO 900 W 49	, LILLY			TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 47(ami, Tl.	33135 33135		
TITLE NAME STREET ADDRESS	HIALEAH D ANGULO 900 W 49	LILLY ST STE 220		Delete	TITLE NAME STREET ADDRESS	3 47(6 SW ZM	Street 33135	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HIALEAH D ANGULO 900 W 49	LILLY ST STE 220			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3 47(6 SW ZM	Street 33135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	HIALEAH D ANGULO 900 W 49 HIALEAH certify that the composition of the proporation of the composition of the	LILLY ST STE 220	this filing does true and accurative end accurative end accurations.	not qualify for thate and that my si	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP te exemptions	Contained ave the s	d in Chapter 119, Flor	ida Statutes. I further or	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	HIALEAH D ANGULO 900 W 49 HIALEAH certify that the continuing reportation or to company and the continuing reportation and the con	LILLY ST STE 220 , FL 33012 The information supplied with the receiver or trustee empore the state of the receiver or trustee empore the receiver of trust	this filing does true and accura wered to execu	not qualify for thate and that my site this report as rempowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ne exemptions ignature shall hequired by Cha	Contained ave the s	d in Chapter 119, Floriame legal effect as if, Florida Statutes; and	ida Statutes. I further or made under oath; that I that my name appears	Change	Addition

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