

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 PM 3:23

DOCUMENT # N 98000003351

1. Corporation Name

FLORIDA DOMINO ASSOCIATION INC

2. Principal Office Address

FL 33055
3753 NW 167 ST. MIAMI,

Suite, Apt. #, etc.

MIAMI

FL

City & State

Zip

33055

Country

MIAMI DADE

3. Mailing Office Address

3753 NW 167 ST. MIAMI,

Suite, Apt. #, etc.

City & State

MIAMI

FL

Zip

33055

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

6/8/98

5. FEI Number

Applied For ☒
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HUBERT CAMPBELL

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

6420 NW 30th ST.

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/25/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	HUBERT CAMPBELL	6420 NW 30 th ST	SUNRISE, FL 33313
TREAS	WINSTON FRASER	1251 NW 108 ST #212	MIAMI, FL 33161
MGR	MICHAEL WILLIAMS	1095 NW 107 ST	MIAMI, FL 33168

10. 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]

HUBERT CAMPBELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/01 305/620-7009

Daytime Phone #

CR2E081 (9/00)