

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 3:42

DOCUMENT # *P00000112173*
1. Corporation Name **Dominio Corporation**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*2002
1/15/02*

600002811226
11/05/02--01096--012 **750.00

2. Principal Office Address 9521 Cedar Creek Drive		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State	
Zip 34135	Country Lee	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <i>11/01/02 01085 010 \$300.00</i>	
5. FEL Number 59-3684770	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name	Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)	343 Almera Ave.
Suite, Apt. #, Etc.	
City	Coral Gables
State	FL
Zip Code	33143

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]* Date **10/31/2002**

REGISTERED AGENT MUST SIGN

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
PD	Pluss, George	9521 Cedar Creek Dr.	Bonita Springs, FL 34135
SD	Pluss-Gautschi, Silvana	9521 Cedar Creek Dr.	Bonita Springs, FL 34135
T	Gautschi, Max	9521 Cedar Creek Dr.	Bonita Springs, FL 34135

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]* **George Pluss** Date **10/31/02** Daytime Phone # **941-695-5918**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

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