

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 19 PM 2:08

KS

DOCUMENT # P01000038897

1. Corporation Name

DOMUSA, INC

2. Principal Office Address - No P.O. Box #

8560 SW 85 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

8560 SW 85 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33143

Country

DADE

Zip

33143

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/2001

5. FEI Number

65-1100699

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

PAOLA EDUVIGUES ROJAS

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

8560 SW 85 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Paola E. Rojas*

REGISTERED AGENT MUST SIGN

Date 11/16/09

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
PTD	PAOLA EDUVIGUES ROJAS	8560 SW 85 AVE	MIAMI, FL 33143
VPD	KENIA P. MONEGRO	8560 SW 85 AVE	MIAMI, FL 33143
SD	KARINA P. MONEGRO	8560 SW 85 AVE	MIAMI, FL 33143

10. E-mail Address: *xstar121020@aol.com*  
(To be used for future annual report notification)

11. 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. I further certify, 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: *X Paola E. Rojas* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/09

Date

305-801-0450

Daytime Phone #