

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 DEC -6 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000103770

**1. Corporation Name**

• DOMINION ASSET MANAGEMENT, INC.

800009404218  
12/06/02--01082--013 \*\*750.00

**REINSTATEMENT**

**2. Principal Office Address**

118 Southwest 136th Place

**3. Mailing Office Address**

118 Southwest 136th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL 33184

Zip

33184

Country

Miami-Dade

Zip

33184

Country

Miami-Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/26/01

**5. FEI Number**

65-1148419

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

Gabriel R. Prada

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

118 Southwest 136 Place

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33184

**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

*Gabriel R. Prada*

Date

12/4/02

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
PTD	Gabriel R. Prada	118 Southwest 136th Place Miami, FL 33184	Miami, FL 33184
VSD	Elliott Prada	118 Southwest 136th Place	Miami, FL 33184

**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:**

*Gabriel R. Prada* Gabriel R. Prada

Date

Daytime Phone #

12/4/02 3052699502

CR2E081 (9/01)