

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 12 AM 8:00

DOCUMENT # P01000103770

1. Corporation Name

Dominion Asset management, Inc.

2. Principal Office Address

118 SW 136 PL

Suite, Apt. #, etc.

City & State

Miami FL

Zip
33184

Country

Dade

3. Mailing Office Address

118 SW 136 PL

Suite, Apt. #, etc.

City & State

Miami FL

Zip
33184

Country

Dade

REINSTATEMENT 03-04

5/7/04 01090 020 *750.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/01

5. FEI Number

051148419

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 SW 136 PL.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/11/04

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 SW 136 PL | Miami, FL 33184 |
| VSD | Elliott Prada | 118 SW 136 PL | Miami, FL 33184 |
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

Daytime Phone #

CP2E081 (01/04)