

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 NOV 30 PM 2:42  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114571

1. Corporation Name

**DOMINION World, Inc.**

2. Principal Office Address

**5079 N DIXIE HWY**

Suite, Apt. #, etc.

**172**

City & State

**FT. LAUD, FLORIDA**

Zip

**33334**

Country

**Broward**

3. Mailing Office Address

**5079 N DIXIE HWY**

Suite, Apt. #, etc.

**172**

City & State

**FT. LAUD FLA**

Zip

**33334**

Country

**Broward**

**REINSTATEMENT**

**02-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/30/2001**

5. FEI Number

**01-0878635**

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

**Rocco Sebastiani**

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

**5079 N DIXIE HWY**

Suite, Apt. #, Etc.

**172**

City

**FT. LAUD**

State

**FL**

Zip Code

**33334**

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

REGISTERED AGENT MUST SIGN

Date **Nov 24-06**

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
P	Rocco Sebastiani	5079 N DIXIE HWY 172	FT. LAUD. FLA 33334
VP	Sheree Sebastiani	5079 N DIXIE HWY 172	FT. LAUD FLA 33334

900082178139  
11/30/06--01045--003 \*\*750.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rocco Sebastiani**

**Nov 24-06**

Date

**954557-4752**

Daytime Phone #

2/2

**DOMINION WORLD, INC.**  
**5079 N DIXIE HWY #172**  
**FORT LAUDERDALE, FLORIDA 33334**  
**TEL(954)873-0932**

**NOVEMBER 26, 2006**

**THIS LETTER IS TO CERTIFY THAT I HVE NOT RECEIVED ANY -2002  
1<sup>ST</sup> OR 2<sup>ND</sup> NOTICES FOR THE RENEWAL OF MY  
CORPORATION. ALSO THE ADRESS LISTED IN YOUR  
RECORDS MUST BE CHANGED TO HAVE MY NEW ADDRESS  
LISTED ABOVE. PLEASE FIND ENCLOSE MY \$750.00 CHECK  
TO RENEW.**

**THANK YOU**

**ROCCO SEBASTIANI**