

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044697

1. Corporation Name

DOMINICI ENTERPRISES, INC.

Principal Place of Business

201 W DAVID BLVD
TAMPA FL 33606

Mailing Address

201 W DAVID BLVD
TAMPA FL 33606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

201 W. DAVIS BLVD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

201 W. DAVIS BLVD
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2002

5. FEI Number

02-0599700

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DOMINICI, DAWN A	201 W DAVID BLVD	TAMPA FL 33606

000023915480
10/17/03--01091--010 **150.00

8. Name and Address of Current Registered Agent

DOMINICI, PETER
201 W DAVID BLVD
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

201 W. DAVIS BLVD
Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/14/03

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03 (83) 758 3867

Daytime Phone #

CR2E040 (7/03)

DOMINICI ENTERPRISES, INC.

October 14, 2003

Florida Department of State
Division of Corporations

RE: Application for Reinstatement of
Dominici Enterprises, Inc.
Document #: P02000044697

With this letter, Dominici Enterprises, Inc. is requesting that the reinstatement fee be waived, as the corporation did not receive the two prior uniform business reports from the State of Florida. It appears as though the mailing address on file with the Florida Department of State was incorrect and may have caused these non-receipt events to occur.

Sincerely,

Dominici Enterprises, Inc.


Dawn A. Dominici
President