

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. DAVES BLVD**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**201 W. DAVES BLVD**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

04/18/2002

City & State

City & State

5. FEI Number

02-0599700

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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. DAVES 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

*[Handwritten Signature]*

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

(813) 758 3867

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