


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000055991 1. Entity Name LINDA M DOMANICO INC.						FILED 04 DEC 20 AM 8: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 901 MARTIN DOWNS BLVD #309 PALM CITY, FL 34990				Mailing Address 901 MARTIN DOWNS BLVD #309 PALM CITY, FL 34990			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 01-0700356				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOMANICO, LINDA M 901 MARTIN DOWNS BLVD #309 PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name LINDA M. DOMANICO Street Address (P.O. Box Number is Not Acceptable) 66 SW CABANA POINT CIR City STUART FL Zip Code 34994			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME P <input type="checkbox"/> Delete DOMANICO, LINDA M STREET ADDRESS 901 MARTIN DOWNS CITY-ST-ZIP PALM CITY, FL 34990				TITLE NAME DOMANICO LINDA M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 189 S FEDERAL HWY #300 CITY-ST-ZIP STUART FL 34994			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP 100043536361 12/20/04--01069--005 **150.00				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				12-16-04 772-370- Date Daytime Phone #			

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