

1072

APPROVE
AND
THIS FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 17 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091537

1. Corporation Name
DOMEMARC, INC.
25 Avenue B
Hollywood, FL 33021

2. Principal Office Address
25 Avenue B

3. Mailing Office Address
25 Avenue B

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip Country
33021 USA

Zip Country
33021 USA

REINSTATEMENT 03-06 RSC
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 08/22/2002

5. FEI Number 14-1843555 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 Marcelo Domenecci
Street Address (P.O. Box Number is Not Acceptable)
25 Avenue B
Suite, Apt. #, Etc.
City Hollywood State FL Zip Code 33021

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] Date 03/14/06
REGISTERED AGENT MUST SIGN

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
PVD	MARCELO DOMENECCI	25 AVENUE B	HOLLYWOOD, FL 33021
STD	ROMINA FLORES	25 AVENUE B	HOLLYWOOD, FL 33021

300070226403
04/12/06--01042--005 **508.75

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] MARCELO DOMENECCI Date 786-417-6787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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DOMEMARC, INC.
25 AVENUE B
HOLLYWOOD, FL 33021

March 13, 2006

Florida Department of State

Dear Sir or Madam:

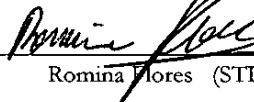
We are requesting a reinstatement fee waiver for Domemarc, Inc. due to non annual report notices receipt in the year of the dissolution or later on.

Any further question, please contact us at 786-417-6787.

Sincerely,



Marcelo Domenecci (PVD)



Romina Flores (STD)