

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000124489

1. Corporation Name

Miny Dom Co

2. Principal Office Address

660 N E 78 Street

Suite, Apt. #, etc.

214

City & State

Miami, Florida

Zip

33138

Country

Dade

3. Mailing Office Address

660 N E 78 Street

Suite, Apt. #, etc.

214

City & State

Miami, Florida

Zip

33138

Country

Dade

FILED

06 APR 21 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEIN Number

13-4225269

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

Daniel O Medina

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

660 N E 78th Street

Suite, Apt. #, Etc.

214

City

Miami, Florida

State

FL

Zip Code

33138

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

04/19/06

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
Pres	Daniel O Medina	660 N E 78th Street	Miami, Florida 33138

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

Date

04/19/06

Daytime Phone #

305 467 1297

282

April 19, 2006

Ref: Miny Dom Corporation
P02000124489

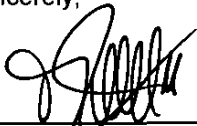
To Whom It May Concern,

My accountant brought to my attention, that I missed filing the Annual Corporate Report. I was not aware that I had to file. I moved shortly after I had incorporated and never received the document to file. (2004)

I want to ask to abate all penalties which seem to be due. It is not my fault that I never received the needed document.

I appreciate your help and I want to pay the fee which is regularly due: \$ 150.00

Sincerely,



Daniel Medina

Owner president