

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000020855

1. Entity Name  
DOMINGO RECORDING STUDIO AND ELECTRONICS,  
INC.



Principal Place of Business  
6130 NW 7 AVE  
MIAMI, FL 33127

Mailing Address  
6130 NW 7 AVE  
MIAMI, FL 33127

2. Principal Place of Business  
6130 NW 7th Ave.

3. Mailing Address  
6130 NW 7th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33127

Country  
USA

Zip  
33127

Country  
USA

4. FEI Number  
45-0502628

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MUHAMMAD, GRADY~~  
1736 NW 53 ST  
MIAMI, FL 33142

Name ~~Grady Muhammad~~  
Street (or P.O. Box Number if applicable)  
1730 Biscayne Blvd. Ste 201-W  
City Miami, FL 33132

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 Grady Muhammad - Registered Agent  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12-06-04  
DATE

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

TITLE  
NAME D GIBSON, VICTOR ☐ Delete  
STREET ADDRESS 6130 NW 7 AVE  
CITY-ST-ZIP MIAMI, FL 33127

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D-President ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: Victor Gibson  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-04-04 786-285-4145  
Date Daytime Phone #

FILED

04 DEC 10 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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REINSTATEMENT 04

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