

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

1 of 2

DOCUMENT # P03000063181

1. Entity Name  
DOMINION INTERNATIONAL ENTERPRISES, CORP.



FILED

04 OCT 18 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
751 SOUTH STATE RD 7  
PLANTATION, FL 33317

Mailing Address  
751 SOUTH STATE RD 7  
PLANTATION, FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132004

REIN-P

CR2E098 (6/04)

4. FEI Number

56-2365490

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

DESARMES, ENRICK E  
7151 WOODMONT WAY  
TAMARAC, FL 33321

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DESARMES, ENRICK E	
STREET ADDRESS	7151 WOODMONT WAY	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200041948722  
10/18/04--01081--007 \*\*158.75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/04 - 954-525-8802  
Date Daytime Phone

2022



# DOMINION INSURANCE

Auto • Home • Life • Health • Commercial

10/13/04

Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Dominion International Enterprise  
Tax ID #56-2365490

To whom it may concern,

This is to certify that on may 05,2004 Check #1507 with the amount of \$150.00 was sent to following address P.O. Box 6327 Tallahassee, FL 32314 to renew my corporation. Unfortunately, check was never received and cleared. Please accept my apology, and I am resubmitting my paymen \$150.00.

Please I am asking you to remove the late fee that was added on my account.

Sincerely yours,

Emmanuel Desarmes