

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -2 AM 9:51

DOCUMENT # P0300011272

1. Corporation Name

Donald Domogawa Inc

2. Principal Office Address - No P.O. Box #

7443 Como Dr.

Suite, Apt. #, etc.

City & State

New Port Richey, Fl.

Zip

34655

Country

Pasco

3. Mailing Office Address

7443 Como Dr.

Suite, Apt. #, etc.

City & State

New Port Richey, Fl.

Zip

34655

Country

Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/03

5. FEI Number

161685496

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

Donald Domogawa

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

7443 Como Dr.

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34655

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

Donald Domogawa
REGISTERED AGENT MUST SIGN

Date

4/29/08

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
PDT	Donald Domogawa	7443 Como Dr.	New Port Richey, Fl.34655
VPSD	Barbara Domogawa	7443 Como Dr	New Port Richey FI 34655

B 5/7/08 REINSTATEMENT 06-08

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: *Donald Domogawa* DONALD DOMOGAWA 4/29/08 727-3780415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #