


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001023		
1. Entity Name DOMINICK AGENCY INC.		

FILED
04 OCT 29 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10222004 REIN-P CR2E098 (6/04)

Principal Place of Business 10802 NORTHHOLT CT. TAMPA, FL 33626	Mailing Address 10802 NORTHHOLT CT. TAMPA, FL 33626
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2. Principal Place of Business 3202 Henderson Blvd. Suite, Apt. #, etc. Suite 300 City & State Tampa FL. Zip 33609 Country Hillsborough	3. Mailing Address Suite, Apt. #, etc. City & State T Zip Country
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4. FEI Number 20-0297512	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARISOL, RODRIGUEZ 10802 NORTHHOLT CT. TAMPA, FL 33626	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>M. Rodriguez</u> DATE <u>10-25-04</u> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, MARISOL 10802 NORTHHOLT CT. TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042317180 10/29/04--01058--022 <input type="checkbox"/> Change <input type="checkbox"/> Addition **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>M. Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>10-25-04</u> <small>Daytime Phone #</small>