


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001023		
1. Entity Name DOMINICK AGENCY INC.		

FILED
2006 SEP -1 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/05/05 90048027 15050



08302006 REIN-P CR2E098 (11/05)

Principal Place of Business 3202 HENDERSON BLVD SUITE 300 TAMPA, FL 33609	Mailing Address 10802 NORTHHOLT CT TAMPA, FL 33626
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12019 Royce Waterford Circle
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City & State TAMPA	City & State TAMPA
Zip 33626	Country USA

4. FEI Number 20-0297512	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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: MARISOL RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 12019 Royce Waterford Circle City: TAMPA FL Zip Code: 33626	
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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: [Signature] DATE: 8-29-06
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$500.00 \$750.00	
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10. OFFICERS AND DIRECTORS	
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RODRIGUEZ, MARISOL <input type="checkbox"/> Change <input type="checkbox"/> Addition 12019 Royce Waterford Circle TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700079509527 09/06/06--01019--015 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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] DATE: 8-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR