

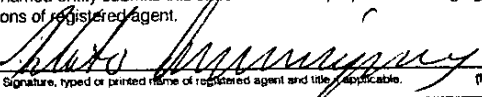
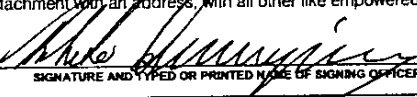


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000079026</b> 1. Entity Name <b>R DOMINGUEZ GROUP INC.</b>					
Principal Place of Business <b>17891 S DIXIE HWY MIAMI, FL 33157</b>				Mailing Address <b>17891 S DIXIE HWY MIAMI, FL 33157</b>	
2. Principal Place of Business <b>17622 Franjo Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>17622 Franjo Rd</b> Suite, Apt. #, etc.		<div style="display: flex; justify-content: space-around;"> <div>             FILED              06 MAR 27 AM 9:25              TALLAHASSEE, FLORIDA           </div> <div>  </div> </div> <div style="text-align: right; margin-top: 10px;"> <b>05:06</b>              03242006 REIN-P CR2E098 (11/05)           </div>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>73-1706922</b>	
Zip <b>33157</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BONWITT, STEVEN 17891 S DIXIE HWY MIAMI, FL 33157</b>				7. Name and Address of New Registered Agent Name <b>BONWITT, STEVEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>17622 Franjo Rd</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33157</b>	
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  DATE <b>3-23-06</b> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DOMINGUEZ, ROBERTO</b> <b>17891 S DIXIE HWY</b> <b>MIAMI, FL 33157</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Roberto Dominguez</b> <b>17622 Franjo Rd</b> <b>Miami, FL 33157</b>	<input checked="" 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		
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		
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		
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: 				Date <b>3-23-06</b> Daytime Phone # <b>972-658-5397</b>	