2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000056025

1. Entity Name
DOMINGUEZ GARAGE DOORS, INC.

FILED
07 MAY 29 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

Principal Place of Business	Mailing Address
3124 RAVEN RD ORLANDO, FL 32803	3124 RAVEN RD ORLANDO, FL 32803

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8617 El Prado Ave.	8617 El Prado Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32825 Country: U.S.	Zip: 32825 Country: U.S.

4. FEI Number: 06-1747297 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ANTONIO
3124 RAVEN RD
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: Antonio Dominguez
Street Address (P.O. Box Number is Not Acceptable): 8617 El Prado Ave.
City: Orlando FL Zip Code: 32825

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: _____ 5/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

☐ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST DOMINGUEZ, ANTONIO 3124 RAVEN RD ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900103985029 06/06/07--01038--010 **308.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOMINGUEZ, SOLEDAD 3124 RAVEN RD ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$76/6	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 5/25/07 (407) 207-9581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #