2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000063270

Entity Name: DA DOMINICCI INTERNATIONAL, INC.

FILED Oct 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8277 DEMING DR. SUITE-1 8277 DEMING DR. ORLANDO, FL 32825 ORLANDO, FL 32825

Current Mailing Address: New Mailing Address:

P.O. BOX 72119 8277 DEMING DR. ORLANDO, FL 328721199 0RLANDO, FL 32825

FEI Number: 55-0896068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOMINICCI, ADALGISA
8277 DEMING DR. SUITE-1
0RLANDO, FL 328721199 US
DOMINICCI, ADALGISA
8277 DEMING DR.
0RLANDO, FL 32825 US

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.

SIGNATURE: ADALGISA DOMINICCI 10/14/2008

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: DOMINICCI, ADALGISA Name: DOMINICCI, ADALGISA

 Name:
 DOMINICCI, ADALGISA
 Name:
 DOMINICCI, ADALGISA

 Address:
 8277 DEMING DR. SUITE-1
 Address:
 8277 DEMING DR.

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32825

Title: VP (X) Delete Title: () Change () Addition

 Name:
 ARROYO, JOSE M
 Name:

 Address:
 8277 DEMING DR. SUITE-1
 Address:

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADALGISA DOMINICCI P 10/14/2008