

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # P05000071039**1. Corporation Name****DOMINGUEZ ENVIOS CORP.**
2. Principal Office Address - No P.O. Box #
 17800 MYRTLE LAKE DRIVE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL

Zip

33056

Country

3. Mailing Office Address

17800 MYRTLE LAKE DRIVE

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FL

Zip

33056

Country

REINSTATEMENT

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/13/05

5. FCL Number

61-1569703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

NORA DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)

17800 MYRTLE LAKE DRIVE

Suite, Apt. #, Etc.

City

MIAMI GARDENS, FL

State

FL

Zip Code

33056

☒ The reinstatement fee is imposed, except in
 circumstances which the entity did not receive
 the prior notices. By checking this box, you
 are certifying the prior notices were not
 received and requesting the reinstatement
 fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 08/29/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NORA DOMINGUEZ	17800 MYRTLE LAKE DRIVE	MIAMI GARDENS, FL 33056

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/08

Date

305-223-6333

Daytime Phone #

r 9/8