2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 31, 2007
Secretary of State

DOCUMENT# P06000103763

Entity Name: DOMA NORTH AMERICA INC.

Current Principal Place of Business:

2348 MILLER OAKS DR N
JACKSONVILLE, FL 32217

New Principal Place of Business:

2771-29 MONUMENT RD
242
JACKSONVILLE, FL 32225

Current Mailing Address:

2348 MILLER OAKS DR N
JACKSONVILLE, FL 32217

New Mailing Address:

2771-29 MONUMENT RD
242
JACKSONVILLE, FL 32225

FEI Number: 22-3939494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, JUSTIN A
2348 MILLER OAKS DR N
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

FISHER, JUSTIN A
2771-29
242
JACKSONVILLE, FL 32225 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: JUSTIN FISHER 10/31/2007
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:

Title: PTS ( ) Delete
Name: FISHER, JUSTIN A
Address: 2348 MILLER OAKS DR N
City-St-Zip: JACKSONVILLE, FL 32217

Title: V (X) Delete
Name: MORTON, MITCHELL
Address: 2348 MILLER OAKS DR N
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: FISHER, JUSTIN A
Address: 2771-29 MONUMENT RD #242
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
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: JUSTIN FISHER PTS 10/31/2007
Electronic Signature of Signing Officer or Director Date