

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 15 PM 2:46

DOCUMENT # P07000101875

1. Corporation Name

Domini Corp

300170164833
03/12/10 01024 014 \$300.00
02/23/10 01003 001 \$158.75
REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

90 sw 3rd st

Suite, Apt. #, etc.

3511

City & State

Miami, FL

Zip

33130

Country

US

3. Mailing Office Address

90 sw 3rd st

Suite, Apt. #, etc.

3511

City & State

Miami, FL

Zip

33130

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 09/12/07

5. FEI Number

14-2006914

☒ 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

Alberto Dominguez

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

90 sw 3rd st

Suite, Apt. #, Etc.

3511

City

Miami

State

FL

Zip Code

33130

☒ 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 03/15/2010

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
P	Alberto Dominguez	90 sw 3rd st apt 3511	Miami, FL 33130

10. E-mail Address: ajd42983@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Alberto Dominguez

Alberto Dominguez

3/15/2010

3057636115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #