

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 12 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12102008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P07000129282</b> 1. Entity Name <b>DOMINGO TOWING, INC.</b>			
Principal Place of Business <b>874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 34983 US</b>		Mailing Address <b>874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 34983 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2306 SW 61 AVE.</b>		3. Mailing Address <b>SAME.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33155</b>		Country <b>USA</b>	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MESA, DOMINGO E 874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 34983</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>2306 SW 61 AVE.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33155</b>	
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 <u><i>Domingo E. Rueda</i></u> DATE <u>12-10-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>MESA, DOMINGO E</b> STREET ADDRESS <b>874 S.E. CAVERN AVE.</b> CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34983</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>2306 SW 61 AVE</b> STREET ADDRESS <b>Miami FL 33155</b> CITY-ST-ZIP <b>NEW ADDRESS FOR P &amp; V.P.</b>	<div style="font-size: 24pt; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 18pt; font-weight: bold; margin-top: 20px;">200139040972</div> <div style="font-size: 14pt;">12/16/08--01007--003 **150.00</div>	
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>MELENDEZ, PATRICIA</b> STREET ADDRESS <b>874 S.E. CAVERN AVE.</b> CITY-ST-ZIP <b>PORT SAINT LUCIE, FL 34983</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Domingo E. Rueda</i></u>		Date <u>12-10-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	