## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000129282  1. Entity Name DOMINGO TOWING, INC.							FILED 08 DEC 12 AM II: 38				
Principal Place of Business 874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 34983 US			Mailing Address 874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 34983			3 US		SECRETARLY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	Place of Business - No P.O. Box #	3. Ma	3. Mailing Address								
Suite, Apt.		Suit	Suite, Apt. #, etc.				12102008	REIN-P	CR2E098 (	1/07)	
City & Stat	Hiami, FL	City	City & State			4. FEI Num		er		Applied For Not Applicable	
Zip つう	6. Name and Address of Curre	Zip		Coun	try			of Status Desired	Fee R	5 Additional Required	
		7. Name and Address of New Registered Agent Name									
	DMINGO E CAVERN AVE. INT LUCIE, FL 34983				Street Address (P.O. Box Number is Not Acceptable) 2306 SW 6/ かと・						
<u> </u>					City	Ui	am,		FL Z	ip Code	
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  Signature, typed or prefed name of registered agent and title if applicable. (NOTE: Registered Agent algorithm required when reinstating)  DATE											
FILE NOWI!! FEE IS \$150.00 In accordance with s. 607 After January 1, 2009, Fee will be \$300.00 corporation did not receive											
10.	OFFICERS AN	D DIRECTO	Delete Delete	11.	T	71		CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP	MESA, DOMINGO E 874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 34983				TILE 2306 SW 61 AVE Change Addition NAME STREET ADDRESS MIQMI FL 33155 CITY-ST-ZIP NEW ADDRESS FOR P&V.P.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELENDEZ, PATRICIA 874 S.E. CAVERN AVE. PORT SAINT LUCIE, FL 3498		☐ Delete	TITLE NAM STRE	۱ ا	146	W KDD	1633 +0		hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						REINSTATEMENT Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					(		hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					~		hange 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				1281	001390 6/08-01001	04097 7003 *	hange Addition **150.08	
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: Non-10-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytone Phone #											