

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 24 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000041000

1 Corporation Name

DOMINICA HOLDINGS, INC.

Principal Place of Business

Mailing Address

12908 S.W. 133 Ct.
Miami, Florida 33186

12908 S.W. 133 Ct.
Miami, Florida 33186

If above addresses are incorrect in any way line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified
To Do Business in Florida

12/16/96

5 FEI Number

X Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED X

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	E. John Tomlinson	12908 S.W. 133 Ct.	Miami, Florida 33186
Sec.	Robert A. Garth	12908 S.W. 133 Ct.	Miami, Florida 33186

700002039737--1
-12/27/96--01087--007
****583.75 ****583.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

E. John Tomlinson
12908 S.W. 133 Ct.
Miami, Florida 33186

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

E. John Tomlinson

Date

REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

E. John Tomlinson ERIC J. TOMLINSON

12/16/96 (305) 238-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (12/95)