

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 JUN 14 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P94000083695

**1. Corporation Name**

TRUDOM CORPORATE SERVICES INTERNATIONAL, INC.

**2. Principal Office Address**

299 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

#223

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

**3. Mailing Office Address**

P.O. BOX 144592

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33114

Country

USA

**REINSTATEMENT**

99-10

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/16/94

**5. FEI Number**

65-0540337

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

LUIS DOMINGUEZ

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

299 ALHAMBRA CIRCLE #223

Suite, Apt. #, Etc.

#223

City

CORAL GABLES,

State

FL

Zip Code

33134

800003299598--9

06/21/00 01094-006

\*\*\*\$900.00 \*\*\*\$900.00

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 6/8/00

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

	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LUIS DOMINGUEZ	299 LAHMABRA CIRCLE #223	CORAL GABLES, FL 33134

I, 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 due by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/00  
Date

305-579-0939  
Daytime Phone #

**KE**