

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:49

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004658

1. Corporation Name

ONIT ENTERPRISES, INC.

Principal Place of Business

1451 W BUSCH BLVD
TAMPA FL 33612

Mailing Address

1451 W BUSCH BLVD
TAMPA FL 33612



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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3560705

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	DOMINGUEZ, FAUSTINO	8705 ELINDALE PLACE 18456 Eastwyck Dr.	TAMPA FL 33637 33647
VP	DOMINGUEZ, SHANEEN DOMINGUEZ	8705 ELINDALE PLACE 18456 Eastwyck Dr.	TAMPA FL 33637 33647

8. Name and Address of Current Registered Agent

DOMINGUEZ, FAUSTINO
1451 W BUSCH BLVD
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Faustino Dominguez
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 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

Date

Daytime Phone #

Faustino Dominguez, Pres. / Faustino Dominguez 10/23/02

CR2E040 (8/02)

ONIT ENTERPRISES

12/11/02

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

Dear Sir/Madam:

I recently contacted your office about my 2002 Uniform Business Report. I informed the young lady that I had not received the appropriate paper to file my report. I further informed her that I did not feel that I should be held liable for the inflated fee or penalties. She informed me that your department had many problems with your mail. I was told to write this letter and send in the required \$150.00 with my report. That is what I'm doing.

Respectfully yours,

Faustino Dominguez
Faustino Dominguez
President, ONIT ENTERPRISES, Inc.

1451 W. BUSCH BLVD. / TAMPA, FLORIDA 33612
(813) 933-9897 FAX: (813) 932-7921

