PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000004658**

1. Corporation Name

ONIT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1451 W BUSCH BLVD TAMPA FL 33612	1451 W BUSCH BLVD TAMPA FL 33612

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **01/15/1999**

5. FEI Number: **59-3560705** ☐ Applied For ☐ Not Applicable

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
P	DOMINGUEZ, FAUSTINO	18456 EASTWYCK DR	TAMPA FL 33647
V	DOMINGUEZ, SHANEEN	18456 EASTWYCK DR	TAMPA FL 33647

900024092189
10/24/03--01067--022 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DOMINGUEZ, FAUSTINO 1451 W BUSCH BLVD TAMPA FL 33612	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 10/20/03

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: Faustino Dominguez SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/20/03 Daytime Phone #

ONIT ENTERPRISES

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find our completed application for reinstatement. The notice of administrative dissolution or revocation is the only correspondence I have received from your office. Therefore, as per your directions I have completed the application for reinstatement and included a check in the amount of $150.00, the fee for a for profit corporation.

Respectfully yours,

Faustino Dominguez

Faustino Dominguez, President
ONIT ENTERPRISES, INC.

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