

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION

2000-UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -9 PH 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990000100269

1. Corporation Name

DOMINION Locating Services, Inc.

2. Principal Office Address

800 Brickell Avenue

Suite, Apt. #, etc.

#305

City & State

MIAMI, Florida

Zip

33131

Country

Dade

3. Mailing Office Address

P.O. box 9767

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33075

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

11-16-99

5. FEI Number

65-0961500

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

JUAN ORTIZ - 6532 NW 98 Fort La

800003488638

4

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

6532 N 98TH TER

Suite, Apt. #, Etc.

12/06/00 01011 003

****150.00 ****150.00

City

Fort Lauderdale

State

FL

Zip Code

33321

8. 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

Juan Ortiz

REGISTERED AGENT MUST SIGN

Date 11-8-00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	JUAN ORTIZ	6532 N 98TH TER	Fort Lauderdale, FL 33321

10. 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:

Juan Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-00 305-5442229

Date

Daytime Phone #

CR2E081 (9/99)



Dominion Locating Services, Inc.

P.O. Box 9767 • Coral Springs, FL 33075 • (954) 722-2034 • Fax (954) 722-1570

P99000100269

to whom it May Concern,

Enclosed please find a check for \$150.00
for reinstatement fee.

Please understand that I never Received
Any Correspondence Reminding Me of
what I had to Pay.

I Am a Small Business Person with Very
limited Assets and I'm struggling
Just to stay in Business.

Please do not charge me Any other fees
for the reason that I could not pay it.

Please forward all Correspondence to

P.O. Box 9767 Coral Springs, FLA 33075

Thank You - JUAN ORTIZ