

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

85 / 82

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 18 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # **PO2-000001177**
1. Corporation Name
DIDGO'S EXTREME EFFECTS, Corporation

2. Principal Office Address
1238 SE 23rd AVE
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
CAPE CORAL, FLA.

City & State

Zip
33990

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
December 31, 2001

5. FEI Number
260013480

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
PAUL J. DIOGO

Street Address (P.O. Box Number is Not Acceptable)
1238 SE 23rd AVE

Suite, Apt. #, Etc.

City
CAPE CORAL

State
FL

Zip Code
33990

400037666524
06/04/04--01035--009 **\$300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent
Paul J. Diogo

REGISTERED AGENT MUST SIGN

Date
6/1/04

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	PAUL J. DIOGO	1238 SE 23rd AVE	CAPE CORAL FL 33990

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)(f), 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: *Paul J. Diogo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
6/1/04

Daytime Phone #
239-872-4889
239-731-7285

CR03091 (6/1/04)



13 2002

*Attn: KALINA
850-245-6017*

DIOGO'S EXTREME EFFECTS, INC.

1238 SE 23RD AVE
CAPE CORAL, FL. 33990
239-731-7285 Office
239-573-7285 Home

6/1/04

*Divisions of Corporations
409 E. Gains Street
Tallahassee, Fl. 32314
Attn: Reinstatement section*

To Whom it may concern,

This letter is to ask if the state would waive the reinstatement penalty.

The honest true of my reason for not paying last years fees was my self or my accountant never received any notice / paperwork stating I had to file a report for 2003.

Do note, that from this experience, this will not happen again. Hoping that the business information will be updated so, I will receive proper paperwork in the mail.

I have sent a check for \$300.00 (2003 & 2004 fee) along with the reinstatement form.

Please, reply if any more info is needed and with an reply to this request.

Thank you,

Paul J. Diogo