

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JAN -6 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **897000055936**

1. Corporation Name
DIHO CONSUMER PRODUCTS, CORP

2. Principal Office Address
9000 SW. 122 ND ST
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 565304
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33176 U.S.A

Zip Country
33256 U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida **06/25/1997**

5. FEI Number **65-0763558**
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

CARLA V. FORONDA

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

9000 SW. 122ND STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
P	CARLA V FORONDA	9000 SW. 122ND STREET	MIAMI, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla Foronda
Carla Foronda

12/24/02

Date

(305) 436-7448

Daytime Phone #

CR2E081 (9/01)

December 24th, 2002

Department Of State
Division Of Corporations
P.O.Box 6327
Tallahassee, Fl 32314

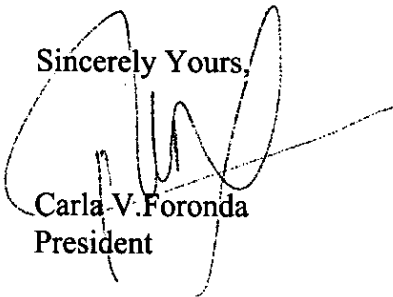
Ref: P97000055936

Dear Sir or Madam:

Enclose please find the Corporation Reinstatement form for DIHU CONSUMER PRODUCTS, CORP., and the fees of \$ 300.00 for the years 2001, and 2002. Unfortunately our mailing address was from our accountant who is not working for us anymore, reason why we didn't receive the annual report. We ask for your help to wave the penalties due to this situation, and please receive our apology.

If you have any question regarding this matter please give us a call at (305) 436-7448

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Carla V. Foronda', with a long horizontal stroke extending to the right.

Carla V. Foronda
President