

1529 SW 1ST 33135

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 APR -3 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 658653

1. Corporation Name

D V DIESEL CORP.

500246387315
04/03/13--01013--012 **1200.00

2. Principal Office Address - No P.O. Box #

6934 Holy Road

Suite, Apt. #, etc.

3. Mailing Office Address

6934 Holy Road

Suite, Apt. #, etc.

City & State

Miami Lakes, Fl.

City & State

Miami Lakes, Fl.

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
03/10/1980

5. FEI Number

591989034

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

Maria E. Vila

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

6934 Holy Road

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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 3.5.13

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
PSD	Maria E. Vila	6934 Holy Road	Miami Lakes, Fl. 33014

10. E-mail Address: lulisediazlaw@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

PRINT NAME AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13-13