

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -1 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

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

DOCUMENT # F00000003642

1. Corporation Name
Diveo, Inc.

2. Principal Office Address 3201 New Mexico Ave., NW Suite, Apt. #, etc. 320 City & State Washington, DC Zip 20016		Country Washington		3. Mailing Office Address 3201 New Mexico Ave., NW Suite, Apt. #, etc. 320 City & State Washington, DC Zip 20016		Country Washington	
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2726.25 *908.75
REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida June 27, 2000	
5. FEI Number 522177608	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

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 Brian Courtney Asst. V. Pres. Date 2-1-02
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
D	Robert Goad	3201 New Mexico Ave., NW, #320	Washington, DC 20016
P	Juan Mosquera	3201 New Mexico Ave., NW, #320	Washington, DC 20016
T	Oscar Garcia	3201 New Mexico Ave., NW, #320	Washington, DC 20016
S	Victor Lago	3201 New Mexico Ave., NW, #320	Washington, DC 20016
As S/T	Fabian Souza	3201 New Mexico Ave., NW, #320	Washington, DC 20016
As S	Dennis Minella	3201 New Mexico Ave., NW, #320	Washington, DC 20016

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: Victor Lago Victor Lago, Secretary Date 1/31/02 202-274-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)