

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000001333

**Entity Name:** DIPOLA ENTERPRISES INC

**FILED**  
**Oct 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

575 ALLIGATOR LAKE RD.  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 702061  
ST. CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 91-1958623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIPOLA, JOE  
575 ALLIGATOR LAKE RD.  
ST. CLOUD, FL 34772 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DOMINIC JOE DIPOLA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: DIPOLA, DOMINIC J  
Address: 575 ALLIGATOR LAKE RD.  
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC JOE DIPOLA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/07/2011

\_\_\_\_\_  
Date