

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F15602**

1. Corporation Name

DIESEL MECHANICS CO-OP, INC.

2. Principal Office Address

540 nE 26th Court

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

3. Mailing Office Address

540 NE 26th Court

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33064

Country

REINSTATEMENT

Handwritten initials

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 21, 1981

5. FEI Number

59-2056566

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

PAT Ricci

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

540 NE 26th Court

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

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

Signature of Patrick Ricci **President**

REGISTERED AGENT MUST SIGN

Date **2/22/00**

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
Pres	Patrick Ricci	2755 NE 28th Ave #F6	Lighthouse Point, FL 33064
Dir	Arthur F. Bauman	899 Nafe Dr.	Boca Raton, FL 33487
Dir	Marvin Basil	540 NE 26th Court	Pompano Beach, FL 33064

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 of Patrick Ricci

Patrick Ricci

2-11-00 954-781-1464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)