

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 OCT -1 AM 9:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F24590 (4)

1. Corporation Name

THE DIPER CORP.
4501 N.W. 7th Street
MIAMI, FLORIDA 33126

2. Principal Office Address

4501 N.W. 7th St.

Suite, Apt. #, etc.

City & State

Miami, Fl.

Zip

33126

Country

3. Mailing Office Address

1800 S.W. 27 Ave.

Suite, Apt. #, etc.

Suite #501

City & State

Miami, Fl.

Zip

33145

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/8/1981

5. FEI Number

59-2098110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

99-01 UBR

7. Name and Address of Current Registered Agent

Name

JUAN R. DIAZ

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

6645 S.W. 95th Court

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

300004645353-3
-10/19/01-01032-006
****458.75 ****428.75

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

REGISTERED AGENT MUST SIGN

Date 9/24/01

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.S.T. Dir.	DIAZ JUAN R.	6645 S.W. 95th Ct.	Miami, Fl. 33173

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:

Diaz Juan R.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/01 (305) 448-7911

Date

Daytime Phone #

CR2E081 (9/00)