

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 JUN -6 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G43245

1. Entity Name
DIESEL SPECIALISTS, INC.



Principal Place of Business
390 N. ORANGE AVE
BANK OF AMERICA CENTER, SUITE 2700
ORLANDO, FL 32801-1673

Mailing Address
390 N. ORANGE AVE
BANK OF AMERICA CENTER, SUITE 2700
ORLANDO, FL 32801-1673

2. Principal Place of Business
850 Sunshine Lane
Suite, Apt. #, etc.

3. Mailing Address
850 Sunshine Lane
Suite, Apt. #, etc.



REINSTATEMENT 04-05

City & State
Altamonte Springs, FL
Zip
32714
Country

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Altamonte Springs, FL
Zip
32714
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4. FEI Number
59-2294865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEMPSEY, BERNARD, H., JR., ESQ
390 N. ORANGE AVE
BANK OF AMERICA CENTER, SUITE 2700
ORLANDO, FL 32801-1673

7. Name and Address of New Registered Agent

Name Michael C. Sasso, Esq.
Street Address (P.O. Box Number is Not Acceptable)
1031 W. Morse Blvd.
Suite 260
City Winter Park FL Zip Code 32789

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael C. Sasso

May 20, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINCOLN, DON	
STREET ADDRESS	5222 SAILWIND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LINCOLN, BORIBOON	
STREET ADDRESS	5222 SAILWIND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINCOLN, JAMES	
STREET ADDRESS	2420 PIEDMONT LAKES BLVD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINCOLN, KURTIS	
STREET ADDRESS	5222 SAILWIND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lincoln, Boriboon	
STREET ADDRESS	5222 Sailwind Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lincoln, Kurtis	
STREET ADDRESS	5222 Sailwind Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lincoln, David	
STREET ADDRESS	5222 Sailwind Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lincoln, James	
STREET ADDRESS	5222 Sailwind Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lincoln, Don	
STREET ADDRESS	5222 Sailwind Circle	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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05/23/05--01065--005 ***900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don J. Lincoln

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #