


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # G43245 | |  |
| 1. Entity Name DIESEL SPECIALISTS, INC. | | |

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| Principal Place of Business 850 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714 | Mailing Address 850 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED
07 APR 10 PM 12:30
TALLAHASSEE, FLORIDA

03/2007 REINSTATEMENT 02E098 (06-07)

REINSTATEMENT

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|---|--|
| 4. FEI Number 59-2294865 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SASSO, MICHAEL C ESQ 1031 W. MORSE BLVD. SUITE 260 WINTER PARK, FL 32789 | 7. Name and Address of New Registered Agent Name: Todd Hoepker, ESQ Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave., Suite 1800 City: Orlando FL Zip Code: 32801 |
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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: TJ (NOTE: Registered Agent signature required when reinstating) DATE: 3/30/2

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| FILE NOW!!! FEE IS \$900.00 | |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LINCOLN, BORIBOON 5222 SAILWIND CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800097218638 04/17/07--01038--013 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LINCOLN, KURTIS 5222 SAILWIND CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800097218638 04/17/07--01038--014 **600.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LINCOLN, DAVID 5222 SAILWIND CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$34/10 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LINCOLN, JAMES 5222 SAILWIND CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LINCOLN, DON 5222 SAILWIND CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #