

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 MAY 15 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/03/02--01020--022

\*\*\*300.00 \*\*\*300.00

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DOCUMENT #

H25838

1. Corporation Name

DIASHIP, INC.

2. Principal Office Address

501 HARDEE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

501 HARDEE ROAD

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

Country

33146

USA

Zip

Country

33146

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2628643

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

JOSEPH J PORTUONDO

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

501 HARDEE ROAD

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

Date April 17, 2002

REGISTERED AGENT MUST SIGN

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.T	FRANS HEESEN	110 MERRICK Way, 3rd FL	Coral Gables, FL 33134
VP, S	JOSEPH J PORTUONDO	501 HARDEE ROAD	Coral Gables, FL 33146

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

vice president, + secretary

April 17, 2002

Date

Daytime Phone #

6646