PLEASE READ ALL INSTRUCTIONS BEFORE C

**APPLICATION FOR** REINSTATEM

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## FILED Nov 20, 2002 8:00 A.M. Secretary of State

**DOCUMENT #** P00000027332

1.	Corp	oration	Name
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DINA	MARIE,	INC.				IALL 00 11/21/	AHASSES FLORI <b>OOO915</b> 1 '020110501	DA 5 1 1 0 25 **150.00
Principal Pl	ace of Busine	SS	Mailing Addre	ess	<del>.</del>	1		
		· · · · · · · · · · · · · · · · · · ·	3780 TAMPA ROAD OLDSMAR FL 34677					
ર્ If above addresses are incorrect in any way, line through incorrect in			formation and en	ter correction below.	!			
, , ,		3. New Mailir	Mailing Office Address, If Applicable		4. Date Incorpo	orated or Qualified		
- A-A			0.3-1-1			To Do Business in Florida 03/16/2000		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State	City & State		59-2161796 Not Applicable			
Zip		Country	Zip	Cou	intry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names a	and Street Ad	dresses of Each Officer and	d/or Director (Flor	ida nonprofit corp	orations must list at lea	ıst 3 directors)	· · · · · · · · · · · · · · · · · · ·	
Title(s)	itle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	D MANSOUR, MARIA M		4832 AUGUSTA AVENUE			OLDSMAR FL 34677		
			:					
,,,						,		
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
				Name	Name			
MANSOUR, MARIA M 4823 AUGUSTA AVENUE OLDSMAR FL 34677			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)				
			Suite, Apt. #, Etc.					
					City	State Zip Code		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Ager

11. 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 filling 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.

11/18/02 1/3

November 18, 2002 Division of Corporations Tallahassie, Fl. To whom it might concern: of Dina Have, mc. hove not received the previous renewal of my annual Corporation.

Sincerely yours, Along W. Wonsowr President of. Dina Marie Inc.