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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -7 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P00000109532

DIAGO MARINE, INC

2. Principal Office Address

11440 NW 36 PL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

SUNRISE, FL

City & State

Zip

33323

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1059500

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

DIAGO MARIA ESTELA

000035735080

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

11440 NW 36 PL

05/07/04--01022--011 \*\*150.00

Suite, Apt. #, Etc.

000035735080

05/07/04--01022--012 \*\*150.00

City

SUNRISE

State

FL

Zip Code

33323

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

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DP     | DIAGO, MARIA ESTELA                  | 11440 NW 36 PL                                    | SUNRISE, FL 33323  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

Maria Estela Diago, President

1.15.04.

Date

Daytime Phone #

CR2E081 (10/02)

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**DIAGO MARINE, INC**  
**11440 NW 36 Place, Sunrise, FL 33323**  
**P00000109532**

January 6, 2004

RE: UBR form 2003 & 2004

Dear Sir or Madam

Please be advised that my principal place of business is 11440 NW 36 Place, Sunrise, FL 33323 as reported in the 2001 UBR.

Unfortunately I did not receive the UBR form 2003 by mail and I noticed that the Department of State dissolved the corporation, although I had reported to one of your representatives this situation at least 6 month ago. You usually send by mail a form for reinstatement what I have not received at this time.

As per today's conversation with one of your representatives I am sending a check to pay the UBR for 2003 and 2004 according his information after explained the situation.

Please update my address information.

  
Maria Estella Diago