

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000022983

1. Corporation Name

DiKingdom, Inc

2. Principal Office Address

5 South Pine Island Rd

Suite, Apt. #, etc.

#318

City & State

Plantation, FL

Zip

33321

Country

3. Mailing Office Address

7744 Peters Road

Suite, Apt. #, etc.

#186

City & State

Plantation, FL

Zip

33324

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/01/01

5. FEI Number

65-1092030

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

Antonio George

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

7744 Peters Road

Suite, Apt. #, Etc.

#186

City

Plantation

State
FL

Zip Code
33324

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

Antonio George
REGISTERED AGENT MUST SIGN

Date 11/29/02

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	Antonio George	7744 Peters Rd #186	Plantation, FL 33324

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:

Antonio George
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio George

11/29/02
Date

954-683-1412

Daytime Phone #

03 JAN 24 PM 3:57
TALLAHASSEE, FLORIDA

FILED

800010667888
01/23/03--01034--012 **150.00

CR2E081 (10/02)

DiKingdom, Inc.

FILED

03 JAN 21 AM 10:35

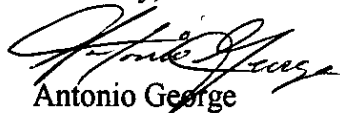
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please accept this reinstatement request on behalf of DiKingdom, Inc. Due to difficulty receiving mail, in July 2002 I temporarily altered the mailing route to an outside box. As instructed by your office, I am submitting this request along with the UBR fee. I look forward at taking advantage of your e-filing options for future correspondences with your office. Thank you.

If you have any questions please call (954) 683-1412.

Sincerely,



Antonio George