| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPLICATION FLORIDA DEPARTMENT OF STATE   |                          |   |   |                    |  |
|--|--------------------------|---|---|--------------------|--|
| AFFLICATION SECTION  |                          |   | ]   | age 1010           |  |
| FOR Jim Smith Secretary of State   |                          |   | FILED   |                    |  |
| REINSTATEMENT DIVISION OF CORPORATIONS   |                          |   | 00 1411 07 4411.05  |                    |  |
| DOCUMENT # P01000026794 * 😁  |                          |   | 03 JAN 27 AM 11: 05   |                    |  |
| 1. Corporation Name  |                          |   | SECRETARY OF STATE  |                    |  |
| DISHMEY, INC.  |                          |   | ŢĂĹĹĂĦĀŠŠĒĒ FLOI  | AIDA               |  |
| Principal Place of Business Mailing Address  |                          | 1   |   |                    |  |
| 2727 W. FLETCHER AVE., APT. 42G  |                          |   |   |                    |  |
| TAMPA FL 33618   |                          | 1901031   1 0010   FINI 0021 4011 NOI() 01() 01 | #18 01711 10812 18711 #1E4 1881   |                    |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  |                          |   |   |                    |  |
| 2. New Principal Office Address, If Applicable 1749 OPEN FIELD LOOP 1749 OPEN FIELD WAR 1749 OPEN FIELD WA |                          |   | Date Incorporated or Qualified     To Do Business in Florida     03/12/2001               |                    |  |
| Suite, Apt. #, etc.  | etc. Suite, Apt. #, etc. |   | 5. FEI Number Applied For   |                    |  |
| City & State BRANDON, FL   | BRANDON, FL BRANDON, FL  |   | 73 - 1629 097 Not Applicable  |                    |  |
| 33510 Country U.S.A  | 33510 Country U. SA.     |   | CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status |                    |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |                          |   |   |                    |  |
| Title(s) Name of Officers Street Address of Each Officer and/or Directors 3  |                          |   |   |                    |  |
| PRES PAUL M. DISHMEY BRANDON,  |                          | PEN FICLO                                       | LOOP BRANDON, F   | -L 33510           |  |
| UP ANALI DISHMEY 1749 ORN FIELD LOOP BRANDON, FL 33510.  |                          |   |   |                    |  |
| 700009595627   |                          |   |   |                    |  |
| 12/19/0201030001 **150.00  |                          |   |   | **150.00           |  |
|  |                          |   | ,   |                    |  |
|  |                          | THE STREET                                      | 12/18/12/19/19/19/19/19   | <b>24 150.</b> 130 |  |
|  |                          |   | ္ႏွင့္စြတ္မွစ္သန္ခန္သေန   | 277                |  |
|  |                          |   | 01/27/0301064008 **150.00   |                    |  |
| 8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name   |                          |   |   |                    |  |
| DISHMEY, PAUL Street Address (P.O. Box Number is Not Acceptable)   |                          |   |   |                    |  |
| DISHMEY, PAUL  2727 W. FLETCHER AVE., APT. 42G 1749 OR N GLO LOOP  TAMPA FL 33618  BEANDON, FL 33570.  |                          |   |   |                    |  |
| City State Zip Code  |                          |   |   |                    |  |
|  |                          | Bioas   | FL  | . <b>O</b>         |  |
| 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.  |                          |   |   |                    |  |
| Della Maria De   |                          |   |   |                    |  |
| Signature of Registered Agent Care Programmer Signature of Registered Agent Date Date Date Date Date Date Date Dat   |                          |   |   |                    |  |
| 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.   |                          |   |   |                    |  |
|  |                          |   |   |                    |  |
| SIGNATURE: SIGNATURE BERLIBER 11/48/02. 813 477 3604   |                          |   |   |                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Daytime Phone #  |                          |   |   |                    |  |



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

January 6, 2003

DISHMEY, INC. 1749 OPEN FIELD LOOP BRANDON, FL 33510

SUBJECT: DISHMEY, INC. Ref. Number: P01000026794

We have received your document for DISHMEY, INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please note that an additional \$150 must be submitted to cover the fees for the year 2003 if your reinstatement is not returned prior to January 1, 2003.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 403A00000571

Tyrone Scott Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314