

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000042804**

1. Corporation Name

**DIETEL ENTERPRISES, INC.**

Principal Place of Business

**6256 GLOUCESTER ROAD #725  
JACKSONVILLE FL 32216**

Mailing Address

**6256 GLOUCESTER ROAD #725  
JACKSONVILLE FL 32216**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/27/2001**

5. FEI Number

**59-3714273**

Applied For

Not Applicable

6.

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>DIETEL, MARTIN</b>	<b>6256 GLOUCESTER ROAD #725</b>	<b>JACKSONVILLE FL 32216</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DIETEL, MARTIN  
6256 GLOUCESTER ROAD #725  
JACKSONVILLE FL 32216**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

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 Agent

Date

REGISTERED AGENT MUST SIGN

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 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

Date

Daytime Phone #

FILED

04 APR 26 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

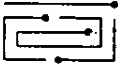
03-04



**800029735868**  
03/02/04--01057--025 \*\*150.00

**800029735868**  
04/30/04--01009--018 \*\*150.00

CR2040 (7/03)



**CONNER, HUBBARD & COMPANY, P.A.**  
Certified Public Accountants

Taxation, Accounting, Pension Planning, and Business Counseling

October 29, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Dietel Enterprises, Inc.  
~~Annual Uniform Business Report: 2002~~

Dear Sir or Madam,

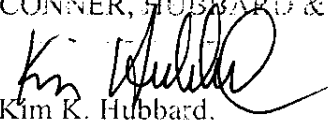
On behalf of Martin Dietel, I have enclosed a check in the amount of \$150.00 for the annual uniform business report for Dietel Enterprises, Inc.

Please reinstate the corporation and waive any reinstatement fees based on the following facts and circumstances.

1. Mr. Dietel is visually impaired and relies on others for assistance.
2. He operates a business under a contract with the State of Florida Department of Blind Services.
3. He has no record of receiving the annual report for 2002.
4. He has made a good faith effort to comply with all requirements.

Thank you for your assistance in resolving this matter.

Sincerely,  
CONNER, HUBBARD & COMPANY, P.A.

  
Kim R. Hubbard  
Certified Public Accountant