## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION**



## FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000054604 DOCUMENT #

1. Corporation Name

U.S.A. DIESEL INJECTION CORP.

Principal Place of Business

9737 N.W. 41ST STREET

#126 MIAMI FL-99175- 331 78 Mailing Address

9737 N.W. 41ST STREET

#126

MIAMI FL 60175- 33178

FILED

02 OCT 28 PM 12: 31

SECRETARY OF STATE FALLAHASSEE, FLORIDA



If above	addresses are incorrect	t in any way, line t	hrough incorrect	information and	d enter correction t	volec				
2. New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable				Date Incorporated or Qualified     To Do Business in Florida     Oc./04/0004			
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.				5. FEI Number Applied For			
			City & State					65-1109451		Not Applicable
Zip Country		Zip		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requir for a Certificate of Status				
7. Names	and Street Addresses	of Each Officer an	d/or Director (Flo	orida nonprofit	corporations must	list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			3		Street Address of Each Officer and/or Director		City / State / Zip		
PD	VIGNOLO, JORGE A			5501 S.W. 147TH ST. 8005 LAKE DR APT 308			APT 308	MIAMI FL 88185 33166		
<del></del>		······································			44 <b>9.</b> 40.	To reference	<b>90</b> 0 10/28/0	0008638 2011360	8959 13 **150	0.00
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<u> </u>										·
	9. Name and Ad	<b></b>			· · · · · · · · · · · · · · · · · · ·					
8. Name and Address of Current Registered Ager				nt		Name and Address of New Registered Agent				
VIGNOLO, JORGE A  5501 S.W. 147TH ST. SOD5 LAKE DR MAMIFL 392185 MIAMI, FL 33/6				Ant 2n	Name  Street Address (P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.						
			City	FI						
10. I, being Signature of Registered /	Agent	d agent of the abo	ove named corpor		liar with and accep		igations of Section		17.0505, F.S.	02

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11. I certify that I am an enficer 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

Miami, Florida, October 24, 2002

Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

Gentlemen:

Please, find enclosed our 2002 UBR and our check in the amount of \$150.00.

Our corporation is new and we never received the original invoice on January 2002,

We ask you very kindly to wave the penalty, and accept our apologies for not filing on time as required by your Department.

Attached you will find the Application for Reinstatement.

Thanking your kindness we stay very truly yours.

U.S. Mesel Injection Corp.
Jorge A. Vignolo-President