

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUN -1 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076865

1. Corporation Name

DIESELMAX, INC.

2. Principal Office Address

846 North DIXIE Hwy

Suite, Apt. #, etc.

BLD # 20

City & State

LANTANA FL

Zip

33462

Country

USA

3. Mailing Office Address

9626 ARBOR MEADOW DR.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

July 16, 2001

5. FEI Number

65-1129237

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

Feigenbaum & Feigenbaum P.A.

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

1700 W. Woodbright Rd

Suite, Apt. #, Etc.

City

Boynton Bch

State  
FL

Zip Code

33436

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

REGISTERED AGENT MUST SIGN

Date 5-23-06

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
Pres	RICKY CHENG	9626 ARBOR MEADOW DRIVE	Boynton Bch, FL 33437
			300076252363 05/16/06--01015--002 **459.75

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 contained in Chapter 119, 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

3-24-06

Date

(561)436-5627

Daytime Phone #