
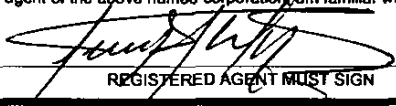
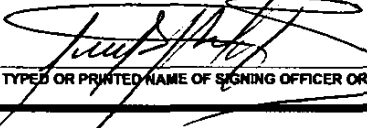


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000023354			
1. Corporation Name Diko Service Corp.			
2. Principal Office Address 11361 NW 42 TERR		3. Mailing Office Address 11361 NW 42 TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami FL	
Zip 33178	Country USA	Zip 33178	Country USA
4. Date Incorporated or Qualified To Do Business in Florida		REINSTATEMENT 04-06 CR2E081 (12/05)	
5. FEI Number 02-056-4524		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Diko, Juan Martin			
Street Address (P.O. Box Number is Not Acceptable) 11361 NW 42 TERRACE			
Suite, Apt. #, Etc.			
City Miami FL		State FL	Zip Code 33178
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 		Date 03/15/06	
REGISTERED AGENT MUST SIGN			
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
DPVS	Diko, Juan Martin	11361 NW 42 TERRACE	Miami FL, 33178.
		500073746275	05/02/06--01058--011 **1050.0
		400073746364	05/02/06--01058--012 **8.75
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: 		Date 03/15/06	Daytime Phone # 786-547-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			