

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 24 AM 10:14

DOCUMENT # P02 0000 25944

1. Corporation Name

DISKIN FINANCIAL SERVICES

2. Principal Office Address

11211 S. MILITARY TRAIL

Suite, Apt. #, etc.

#4612

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

3. Mailing Office Address

11211 S. MILITARY TRAIL

Suite, Apt. #, etc.

#4612

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 7, 2002

5. FEI Number

90-0015947

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

DANA P DISKIN

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

11211 S. MILITARY TRAIL

Suite, Apt. #, Etc.

#4612

City

BOYNTON BEACH, FL

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

Dana P. Diskin

REGISTERED AGENT MUST SIGN

Date 6/21/04

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
P/V	ALAN D DISKIN	11211 S MILITARY TR. #4612	BOYNTON BCH, FL 33436
S/T	DANA P DISKIN	11211 S. MILITARY TR. #4612	BOYNTON BCH, FL 33436

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 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

Dana P. Diskin

ALAN D. DISKIN PRES./V.PRES

6/21/04

1561369-0695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

DISKIN FINANCIAL SERVICES, INC.

11211 South Military Trail
Suite 4612
Boynton Beach, Florida 33436
Phone (561) 369-0695
Fax (561) 733-8925
E-mail: adiskin710@aol.com

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

June 21, 2004

Dear Sir/Madam,

Diskin Financial Services, Inc. never received notification to renew its Corporation Status for 2003. When this situation was brought to our attention by a third party I called your office to inquire. I was then instructed by one of your customer service representatives to write this letter, fill out the reinstatement form and include a check for \$300.00 representing the 2003 and 2004 fees.

I appreciate your attention on this matter.

Sincerely,


Dana P. Diskin
Treasurer/Secretary

encl.: check, reinstatement form