2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000126256

1. Entity Name
D.I.I. ENTERPRISES, INC.

FILED
04 DEC 27 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1000 E. ISLAND BLVD., APT. 2708 AVENTURA, FL 33160	1000 E. ISLAND BLVD., APT. 2708 AVENTURA, FL 33160

10122004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
4000 TUNLAW RD, NW	4000 TUNLAW RD, NW
Suite, Apt. #, etc. #630	Suite, Apt. #, etc. #630
City & State WASHINGTON DC	City & State WASHINGTON DC
Zip 20007 Country USA	Zip 20007 Country USA

4. FEI Number
59-3764904
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IREGUI, DANIEL I 1000 E. ISLAND BLVD., APT. 2708 AVENTURA, FL 33160	Name: RAWNY GARAY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER ST, SUITE 707 City: MIAMI FL Zip Code: 33130

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] RAWNY GARAY, ESQ. 12/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IREGUI, DANIEL I 1000 E. ISLAND BLVD., APT. 2708 AVENTURA, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4000 TUNLAW RD, NW, #630 WASHINGTON, DC 20007
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800043651798 12/27/04--01090--001 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 12/28
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DANIEL IREGUI 12-10-04 202-965-3343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #