

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 17 5:12:26

DOCUMENT # **703000119881**

**1. Corporation Name**

USA DIESEL ENGINE INC  
11604 NW 51 TERRACE  
MIAMI, FLORIDA 33178

**2. Principal Office Address**

11604 NW 51 TERRACE

**3. Mailing Office Address**

MCO868

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 025233

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

33178

Zip

FL

Country

33102

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/27/03

**5. FEI Number**

20-0338996

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

04-06

**7. Name and Address of Current Registered Agent**

Name

MARY OLIVER

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

11604 NW 51 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/14/06

**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
P/S	MARY OLIVER	11604 NW 51 TERRACE	MIAMI, FLORIDA 33178

400081984224  
11/21/06--01027--010 \*\*1050.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/06

Daytime Phone #

CR2E081 (01/05)

B. Mitchell NOV 17 2006