

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 28 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000144000

1. Corporation Name

DIOGENES ESCOBAR, INC.

2. Principal Office Address

1503 PATRICK WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33413

Country

U.S.A.

3. Mailing Office Address

1503 PATRICK WAY

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33413

Country

USA

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

57-1195957

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

DIOGENES ESCOBAR

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

1503 PATRICK WAY

Suite, Apt. #, Etc.

City

W. PALM BEACH, FL

State

FL

Zip Code

33413

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 02-20-05

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	DIOGENES ESCOBAR	1503 PATRICK WAY	W. PALM BEACH, FL 33413
			5010047874665 03/08/05--01011--008 **300.00

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] DIOGENES ESCOBAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-05

Date

(561) 965-0998

Daytime Phone #

February 23, 2005

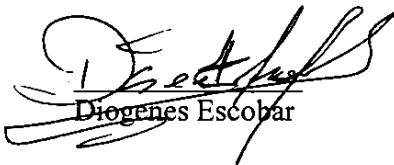
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Diogenes Escobar, Inc.
P03000144060
Reinstatement

To Whom It May Concern:

Enclosed find check for \$300.00 to pay for the 2004 and 2005 Annual Report. We never received the original notice and did not know the corporation had been dissolved.

Sincerely,


Diogenes Escobar