PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OPCORPORATIONS	FILED 05 APR 25 PM 4: 47
DOCUMENT # PO 3000 145959 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Brian J. Diehl, INC		
2. Principal Office Address 595 E. Main St	3. Mailing Office Address 595 E. MAIN ST	REMISTATEMENT 04-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12-1-03
Geneva Florida	Genera, Florida -	5. FEI Number Applied For Not Applicable
32732-9148 Seminole	32732-9148 Seminole	CERTIFICATE OF STATUS DESIRED S8.75 for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Brian Jieh Street Address (P.O. Box Number is Not Acceptable) SUIDS + 288 31 5 05/11/05-01049-021 **300.00 Suite, Apt. #, Etc.		
City Geneva		State Zip Code FL 32732
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 REGISTERED AGENT MUST SIGN Date 3/22/6.5		
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 BriAN J. Die		1 / /
V Brian Teremiah	Diehl 595E. Main St	· Geneva, Fl 32732
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		dr shall
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: 3/22/65 321-363-9847 SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		