

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 APR 25 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 3000145959**

1. Corporation Name

**Brian J. Diehl, Inc**

2. Principal Office Address

**595 E. MAIN ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**595 E. MAIN ST**

Suite, Apt. #, etc.

REINSTATEMENT **04-05**

City & State

**GENEVA Florida**

City & State

**GENEVA, Florida**

Zip

**32732-9148**

Country

**Seminole**

Zip

**32732-9148**

Country

**Seminole**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12-1-03**

5. FEI Number

**56-2421181**

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

**Brian J. Diehl**

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

**595 E. MAIN ST**

Suite, Apt. #, Etc.

City

**GENEVA**

State

**FL**

Zip Code

**32732**

**500054286315**

**05/11/05--01049--021 \*\*300.00**

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

**Brian J. Diehl**  
REGISTERED AGENT MUST SIGN

Date **3/22/05**

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	Brian J. Diehl	595 E. MAIN ST.	Geneva, FL 32732
V	Brian Jeremiah Diehl	595 E. MAIN ST.	Geneva, FL 32732
			<b>8/5/14</b>

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)(f), 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:

**Brian J. Diehl**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/05 321-303-9847**  
Date Daytime Phone #

CR2E081 (07/05)

3-22-05

Florida Department  
of State  
Division of Corporations

Brian J. Diehl Inc.  
595 E. Main St.  
Geneva, FL 32732-9148

Document Number  
P.O. 3000145959

I, Brian J. Diehl, do swear that I did not receive a notice or form to file AN ANNUAL report for 2004. I did receive a notice of Dissolution or revocation but was NOT able to respond in a timely MANNER due to the hurricanes.

Respectfully  
Brian J. Diehl