

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 12 PM 12:40
SECRET
TALLAHASSEE

DOCUMENT # P04000085159

1. Corporation Name

DIBEAL GROUP, CORP.

REINSTATEMENT 05-06

2. Principal Office Address

1331 Brickell Bay Dr.

Suite, Apt. #, etc.

2401

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

1331 Brickell Bay Dr.

Suite, Apt. #, etc.

2401

City & State

Miami, FL

Zip

33131

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

05/28/2004

5. FEI Number

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

Oscar Grisales-Racina, P.A.

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

2999 NE 191 st

Suite, Apt. #, Etc.

PH-8

City

AVENTURA

600873507178
05/01/06--01056--001 ** 50.00

400073507504
05/01/06--01056--002 ** 50.00

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

REGISTERED AGENT MUST SIGN

Date

3/28/06

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
PVD	CAPADO, EMILIO T.	1331 Brickell Bay Dr. Unit 2401	Miami, FL 33131
T	CAPADO, EMILIO T.	1331 Brickell Bay Dr. Unit 2401	Miami, FL 33131

TS 4/12/04
REINSTATEMENT

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 contained in Chapter 119, 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

3/28/06

Daytime Phone #

205/792-4911