

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 DEC 30 PM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000112495

1. Corporation Name

DIANYO CORPORATION

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
3470 NW 82nd Street

Suite, Apt. #, etc.

Suite 890

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

3470 NW 82nd Street

Suite, Apt. #, etc.

Suite 890

City & State

Miami, FL

Zip

33126

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
08/02/2004

5. FEI Number

201433520

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

MICHAEL J FARRAR

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

3470 NW 82nd Street

Suite, Apt. #, Etc.

Suite 890

City

MIAMI

State

FL

Zip Code

33126

400255089834
12/30/13--01027--010 **1800.00

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

M. Farrar

Date

12-27-13

REGISTERED AGENT MUST SIGN

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	ISREAL HILDALGO GOMEZ	1305 Woodstock Way, Apt 203F	BELLINGHAM, WA 98226
			DEC 30 2013
			C. CARROTHERS

10. E-mail Address: **zocoyotzin72@hotmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Israel Hidalgo Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-13

Date

Daytime Phone #

(360)820-3258