

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 10 11 08:46

DOCUMENT # P04000118843

1. Corporation Name

DIANA WOOD INC

2. Principal Office Address

959 3RD AVE BAY 1

3. Mailing Office Address

959 3RD AVE BAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA CITY, FL

City & State

FLORIDA CITY, FL

Zip
33034

Country

MIAMIDADE

Zip
33034

Country

MIAMI DADE

REINSTATEMENT 15.06

4. Date Incorporated or Qualified
To Do Business in Florida 08/16/2004

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

ANGEL RAMIREZ

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

30333 SW 155TH PLACE

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33033

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 10/03/2006

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
DPS	ANGEL RAMIREZ	30333 SW 155TH PL	HOMESTEAD, FL 33033

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:

Angel Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/2006

Date

305-242-5555

Daytime Phone #

©. Mitchell OCT 10 2006

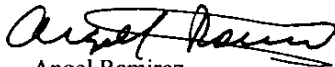
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October 3, 2006

Re: Diana Wood Inc
959 #rd Ave Bay 1
Florida City , FL 33034

I request to have my corporation reinstated I did not file the report because I never receive any document to file the report.

Very truly


Angel Ramirez