

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -4 AM 9:28

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04 000 122278

1. Corporation Name

DIASEN CORPORATION

2. Principal Office Address

8360 WEST FLAGLER ST

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FL

Zip

33144

Country

USA

3. Mailing Office Address

8360 WEST FLAGLER ST

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FL

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/04

5. FEI Number

65-0275335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

05-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

LUIS RIOS

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

8360 WEST FLAGLER STREET

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State

FL

Zip Code

33144

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 11/9/2006

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
P	MINGARELLI, FLORIANO	8360 W. FLAGLER ST #200	MIAMI, FL 33144
V/P	BENCOMO, ESTEBAN	8360 W. FLAGLER ST #200	MIAMI, FL 33144

700081835507
11/17/06--01010--025 **\$300.00

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

11/9/2006 (305)554-7229

Date

Daytime Phone #

Lima and Rios, P.A.

Certified Public Accountants

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

8360 W. FLAGLER STREET, SUITE 200
MIAMI, FLORIDA 33144-2075
TELEPHONE (305) 554-7229
FAX (305) 551-7254

November 6, 2006\

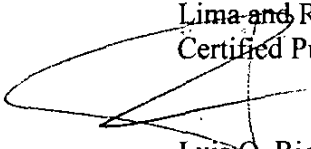
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

RE: Diasen Corporation

Gentlemen:

Enclose please find application for reinstatement and check for \$300. We respectfully request that the late fees be waived. The Company never received the prior notification for filing the annual report.

Very truly yours,


Lima and Rios, P.A.
Certified Public Accountants

Luis O. Rios, C.P.A.
For the Firm

LOR/tr

divisionofcorp.