2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000139281

Entity Name: DIVO CORPORATION

FILED May 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1209 N. TAMIAMI TRAIL LOT 92 3505 8TH ST SW

NORTH FT. MYERS, FL 33903 LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

1209 N. TAMIAMI TRAIL LOT 92 3505 8TH ST SW

NORTH FT. MYERS, FL 33903 LEHIGH ACRES, FL 33971

FEI Number: 20-1717549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION GONCALVES, DIVO JOEL 1261 E. SAMPLE ROAD 3505 8TH ST SW

POMPANO BEACH, FL 33064 US LEHIGH ACRES, FL 33971 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIVO JOEL GONCALVES 05/08/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GONCALVES, DIVO JOEL Name: GONCALVES, DIVO JOEL

 Name
 GONCALVES, DIVO 30EL

 Address:
 1209 N. TAMIAMI TRAIL LOT 92
 Address:
 3505 8TH ST SW

 City-St-Zip:
 NORTH FT. MYERS, FL 33903
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 DOS SANTOS, DANIEL M

 Address:
 3505 8TH ST SW

City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 RIBEIRO, IVAN S

 Address:
 Address:
 2135 CRYSTAL DR #50

 City-St-Zip:
 City-St-Zip:
 FORT MYERS, FL 33907

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 MEDEIROS, JÓSE D

 Address:
 Address:
 2510 GLEASON PKWY

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIVO JOEL GONCALVES PD 05/08/2006