



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000043054</b>			
1. Entity Name <b>RICHARD J. DIFRENNIA, INC.</b>			
Principal Place of Business <b>11050 70TH AVENUE SEMINOLE, FL 33772</b>		Mailing Address <b>11050 70TH AVENUE SEMINOLE, FL 33772</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-2538976</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DIFRENNIA, RICHARD J 11050 70TH AVENUE SEMINOLE, FL 33772</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW! FEE IS \$150.00</b> After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS DIFRENNIA, RICHARD J 11050 70TH AVE. SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.			
SIGNATURE: 		10/17/06	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RICHARD J. DIFRENNA, INC.  
11050-70TH AVENUE NORTH  
SEMINOLE, FLORIDA 33772  
727-391-4790

November 20, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

ATTN: Andy Dunlop

Re: Corporation Reinstatement  
Tax ID#20-2538976  
Ref # P05000043054

This is in regards to the Notice of Dissolution or Revocation of this corporation. As per our conversation, it was discussed that the notice from the State of Florida requesting the tax ID number was not received by me until I received the November 1, 2006 letter from the state.

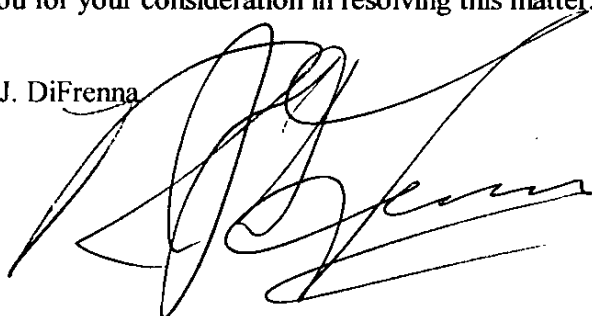
In April 2006 I sent in the Corporation Annual Report that was prepared by my accountant and was to just sign it and send a check for the fee. I had no specific request for the tax ID number. The copies show that the report was mailed to the state on time.

This tax ID number was issued to this corporation in March 2005. I feel that this should already be on file with the State of Florida, as previous reports have been filed.

All pertinent information has been sent in. I would like to resolve this situation, but do not feel that I should be penalized for submitting the original forms on time.

Thank you for your consideration in resolving this matter.

Richard J. DiFrenna

A handwritten signature in black ink, appearing to read 'Richard J. DiFrenna', written over a horizontal line.