


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000097805		
1. Entity Name DICORP INC.		

SECRET
DIVISION
06 OCT 31 AM 11:20

Principal Place of Business 4001 BENEVA RD. #124 SARASOTA, FL 34233	Mailing Address 728 TARPON AVE. SARASOTA, FL 34237
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REINSTATEMENT 06


2. Principal Place of Business 728 Tarpon Ave Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10242006 REIN-P CR2E098 (11/05)

City & State Sarasota, FL	City & State
Zip 34237	Country USA

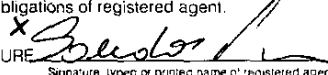
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KERSZTES, ANDOR 728 TARPON AVE. SARASOTA, FL 34237	
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7. Name and Address of New Registered Agent	
Name Sandor Nagy	
Street Address (P.O. Box Number is Not Acceptable) 728 Tarpon Ave	
City Sarasota	FL Zip Code 34237

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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NAGY, SANDOR MR. 4001 BENEVA RD. #124 SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2000081974892 10/24/06 - 01097- 020 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KERSZTES, ANDOR MR. 728 TARPON AVE. SARASOTA, FL 34237 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered

SIGNATURE: 	10/24/06 941-724-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #