

2006 FOR PROFIT CORPORATION REINSTATEMENT

06 OCT 12 PM 3:05

DOCUMENT # P05000139558

1. Entity Name
DIOS PROVEE, INC.



Principal Place of Business
8256 NW. SOUTH RIVER DR.
MEDLEY, FL 33166

Mailing Address
8256 NW. SOUTH RIVER DR.
MEDLEY, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
9/26/2006 RE-FILED 002E098 (11/05)

4. FEI Number

20-3606886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, PEDRO
8256 NW. SOUTH RIVER DR.
MEDLEY, FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/26/06
DATE

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.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CARDENAS, PEDRO
STREET ADDRESS 8256 NW. SOUTH RIVER DR.
CITY-ST-ZIP MEDLEY, FL 33166

TITLE VP ☐ Delete
NAME JIMENEZ, MIREYA
STREET ADDRESS 8256 NW. SOUTH RIVER DR.
CITY-ST-ZIP MEDLEY, FL 33166

TITLE TR ☐ Delete
NAME CARDENAS, DAVID
STREET ADDRESS 8256 NW. SOUTH RIVER DR.
CITY-ST-ZIP MEDLEY, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/06
Date

(786) 399-8330
Daytime Phone #