

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000032387					
1. Entity Name DIALFLEX CORP					
Principal Place of Business 7738 NW 116 AVE MIAMI, FL 33178			Mailing Address 6940 NW 177 STREET P103 MIAMI, 33015		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7738 NW 116 AVE,			
Suite, Apt. #, etc.		Suite, Apt. #, etc. FLORIDA			
City & State		City & State MIAMI			
Zip	Country	Zip	Country	4. FEI Number 20-4422334	
33178		USA		05282008 REINSTATEMENT 07-08	
6. Name and Address of Current Registered Agent TORRES, ORLANDO 6940 NW 177 STREET P103 MIAMI, FL 33015				7. Name and Address of New Registered Agent Name ADDRESS Street Address (P.O. Box Number is Not Acceptable) 7738 NW 116 AVE City MIAMI FL Zip Code 33178	
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 <u>[Signature]</u> DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$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	P TORRES, ORLANDO 6940 NW 177 STREET SUITE P103 MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	New address only 7738 NW 116 AVE MIAMI, FL, 33178	
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	200131418312 05/17/08--01031--001 **300.00	
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	
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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, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

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