

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000054215

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: DIESEL EQUIPMENT SERVICES, CORP.

**Current Principal Place of Business:**

9090 NW SOUTH RIVER DRIVE  
SUITE 4  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

9090 NW SOUTH RIVER DRIVE  
SUITE 4  
MEDLEY, FL 33166

**New Mailing Address:**

FEI Number: 20-4834161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORIDA TRUST INSURANCE AGENCY INC  
9090 NW SOUTH RIVER DRIVE  
SUITE 4  
MEDLEY, FL 33166 US

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

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: FLORIDA TRUST INSURANCE AGENCY, INC.

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:**

Title: PTD ( ) Delete  
Name: LOPEZ, EDUARDO  
Address: 9090 NW SOUTH RIVER DRIVE SUITE 4  
City-St-Zip: MEDLEY, FL 33166

Title: VP ( ) Delete  
Name: DIAZ, DIOMARI  
Address: 9090 NW SOUTH RIVER DRIVE SUITE 4  
City-St-Zip: MEDLEY, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EDUARDO LOPEZ

PTD

01/24/2009

Electronic Signature of Signing Officer or Director

Date