

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000118450

1. Corporation Name

DIVA FRUIT GROUP, CORP.

2. Principal Office Address - No P.O. Box #

100 KINGS POINT DR

Suite, Apt. #, etc.

1210

City & State

SUNNY ISLES BEACH, FL.

Zip

33160

Country

3. Mailing Office Address

P.O. BOX 227924

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33222

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/2006

5. FEI Number

205552473

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

100257310341
02/28/14--01038--027 **50.00

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

GERMAN ANGEL

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

100 KINGS POINT DR

Suite, Apt. #, Etc.

1210

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

100257310341
02/28/14--01038--026 **500.00

100257310341
02/28/14--01038--025 **500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

German Angel

REGISTERED AGENT MUST SIGN

Date **02/20/2014**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GERMAN ANGEL	100 KINGS POINT DR STE 1210	SUNNY ISLES BEACH, FL. 33160
VP	JOHN MARIO ACUNA	100 KINGS POINT DR STE 1210	SUNNY ISLES BEACH, FL. 33160
VP	MARIA ELIZABETH RIOS	100 KINGS POINT DR STE 1210	SUNNY ISLES BEACH, FL. 33160

10. E-mail Address: **germanangelgroup@hotmail.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

German Angel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2014

786-760-0149

Date

Daytime Phone #

FEB 28 2014

M. WILLIAMS