

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 APR -6 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000149295

1. Corporation Name

DIAN FLEMING, INC

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

99 Walker Creek
Suite, Apt. #, etc.

3. Mailing Office Address

2302 Hwy 319
Suite, Apt. #, etc.

City & State

Crawfordville, FLA

City & State

Crawfordville, FLA

Zip

32324

Country

USA

Zip

32327

Country

USA

7. Name and Address of Current Registered Agent

Name

Dian D Fleming

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

99 Walker Creek

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Dian D Fleming

REGISTERED AGENT MUST SIGN

Date 4-6-09

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| Pres | DIAN D FLEMING | 99 Walker Creek | Crawfordville, FLA 32324 |
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10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dian D Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-09

Date

850-508-1877

Daytime Phone #

APR 6 2009