

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 22 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000110291

1. Corporation Name

DIESEL FILTRATION SYSTEMS INC

100170160061
02/23/10--01002--008 **450.00

REINSTATEMENT CR2E081 (11/09) 08-10

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

1441 WYN STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1441 WYN STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32205

Country

US

Zip

32205

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida **10/08/07**

5. FEI Number

56-2677858

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID G CORNATZER

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

1441 WYN STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **2-18-2010**

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	DAVID G CORNATZER	1441 WYN STREET	JACKSONVILLE FL 32205

10. E-mail Address: **judy_hill@comcast.net**

(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., 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.

SIGNATURE:

DAVID G CORNATZER

2-18-2010

904-855-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #