

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY -7 AM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007555

**1. Corporation Name**

Deal mobile Bus Repair, Inc

*HB*

**2. Principal Office Address**

9818 Recycle Rd

Suite, Apt. #, etc.

City & State

Orlando FLA

Zip

32824

Country

USA

**3. Mailing Office Address**

2143 Tall Oak Dr

Suite, Apt. #, etc.

City & State

Winter Garden FL

Zip

34787

Country

USA

**REINSTATEMENT 00-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Jan 25, 1993

**5. FEI Number**

593168860

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

Philip L. Diehl

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

2143 Tall Oak Drive

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

**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

*Philip L. Diehl*

Date

5-1-03

REGISTERED AGENT MUST SIGN

**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
D	Philip L. Diehl	2143 Tall Oak Dr	W.G. FL 34787
D	Angelina Diehl	2143 Tall Oak Dr	W.G. FL 34787

500010572545  
05/08/03--01071--018 \*\*1200.00

**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 under section 119.07(3)(f), 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:

*Angelina Diehl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-03

Daytime Phone #

407-877-3289

CR2081 (10/02)