

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053533

1. Corporation Name

DIAVILA ENTERPRISES, INC.

2. Principal Office Address

1643 NE 8th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

3. Mailing Office Address

1643 NE 8th Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

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

07/30/1993

5. FEI Number

650438614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-03

7. Name and Address of Current Registered Agent

Name

John Diaz

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

1643 NE 8th Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

10/20/03

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 | Mercedes Diaz F/K/A Mercedes Avila | 1643 NE 8th Street | Homestead, FL 33030 |
| VP | John Diaz | 1643 NE 8th Street | Homestead, FL 33030 |
| S | Mercedes Diaz F/K/A Mercedes Avila | 1643 NE 8th Street | Homestead, FL 33030 |
| T | John Diaz | 1643 NE 8th Street | Homestead, FL 33030 |
| | | | |
| | | | |

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Diaz

Date

Daytime Phone #

CR2E081 (10/02)

JOHN P. MAAS
ATTORNEY AT LAW



44 N.E. 16 STREET
HOMESTEAD, FLORIDA 33030
TELEPHONE (305) 247-7132
FACSIMILE (305) 247-7176

John P. Maas
Glenn W. Williams

October 17, 2003

SENT VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: DIAVILA ENTERPRISES, INC.
Date Filed: July 30, 2003
Document No. P93000053533

Dear Sir:

Please file the Reinstatement Form for the above-referenced Corporation. Enclosed is our check in the amount of \$1,508.75, which represents the Reinstatement Filing Fee and the Certificate of Good Standing fee. Please forward same in the enclosed self-addressed stamped envelope.

Thank you for your prompt attention and assistance in this matter.

Very truly yours,

A handwritten signature in cursive script that reads "John P. Maas".

JOHN P. MAAS, ESQUIRE

JPM/gma

Enclosure