

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:00 A.M.
Secretary of State

DOCUMENT # **P93000077 234**

1. Corporation Name

DIESEL IMPEX CORP.

2. Principal Office Address

11227 MARSEILLES BLVD

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

USA

3. Mailing Office Address

11227 MARSEILLES BLVD

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

11/3/93

5. FEI Number

59-3212241

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

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

11227 MARSEILLES BLVD

Suite, Apt. #, Etc.

City

CLERMONT

State
FL

Zip Code

34711

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

MARC HANSON

DIESEL IMPEX CORP.

Date

4-29-04

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
P	HANSON, MARC	11227 MARSEILLES BLVD	CLERMONT, FL 34711
SV	ARTMAN, WIETUSCH, S	11227 MARSEILLES BLVD	CLERMONT, FL 34711

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:

MARC HANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-04

Daytime Phone

352-243-9455

CR2E081 (01/04)