APPLICATION FOR artz

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DO NOT WRITE IN THIS SPACE

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Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT #95000000000000000000000000000000000000	EINSTATEMENT 96-70	DIVISION OF CORPOR	
1. Name and Mailing Address of Corporation: DOCUMENT # 9500000000000000000000000000000000000	Read fortractions on Other Sic	Before Making Entries	98 MAR 17 PM 12: 30
Dieblo, Inc. 3108 U.S. Highway 19 North Palm Herbor, Florida 34684 REINSTATEMENT REINSTATEMENT Address Address Address Riy and State REINSTATEMENT Address Riy and State Riv and State Riv and State Street Address of Each Officer and/or Director Title Rame and Street Address of Each Officer and/or Director Title Rame and Cofficer and/or Director Title Rame and Address Debugger Debugger A FEI Number Street Address of Each Officer and/or Director Title Rame of Officer and/or Office Box Numbers Talladege, AL 35160 Debugger Talladege, AL 35160 Debugger Rame of Officer and/or Office and or Office an		ACAIT 4	DECORTARY OF STATE
REINSTATEMENT REINSTATEMENT Address	lame and Mailing Address of Corporation:	"EN \$95000to	address below. The NAMA 9 3 to corporation can be change by filling an abrevialment.
REINSTATEMENT REINSTATEMENT Sty and State FEI Number Applied For 59-350 8584 FEI Number Applied For 5			Address
REINSTATEMENT 3. Date Incorporated or Qualified To Do Business in Florida April 3, 1995 6. Names and Street Addresses of Each Officer and/or Director Title 2 Name of Officers Officers and/or Directors Officer and/or Directors Officer and/or Directors Officer and/or Directors Officer Box Numbers) D Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 D Louella Schultz 1415 Shannon Way Talladega, AL 35160 REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number)	• •		
3. Date Incorporated or Qualified To Do Business in Florida Apr 11 3, 1995 4. FEI Number FEI Number Applied For South Continued In the Cont			Address
3. Date incorporated or Qualified 10 per 10	ore and R.S. B.	~~	City and State
To Do Business in Florida April 3, 1995 6. Names and Street Addresses of Each Officer and/or Director Title 2 Name of Officer's and/or Directors Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 REGISTERED AGENT INFORMATION 8. Name and Address of New Registered Agent and/or Office Name 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number)	REIN	ALEWENI	Code
April 3, 1995 System Address of Each Officer and/or Director Title Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Directors (Do Not Use Post Office Box Numbers) Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 Delbert A	ate Incorporated or Qualified 4	El Number	FELNUMBERADDING FOI
Title 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City and State D Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 D Louella Schultz 1415 Shannon Way Talladega, AL 35160 D Louella Schultz 1415 Shannon Way Talladega, AL 35160 DDDDD2451290— -03/19/98—-01003—UUS ***1050.00 ***1050. REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number)		9-3308584	for a Certificate of Status
Title 2	ames and Street Addresses of Each Officer and/or D	ctor	
D Delbert A. Schultz 1415 Shannon Way Talladega, AL 35160 DDDD245139003/13/980100303/19/9801003 ***1050.00 ****1050. REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number)	tle and/or Directors) Offi	cer and/or Director City and State
D Louella Schultz 1415 Shannon Way Talladega, AL 35160 ODOO2451330	2	3 (D0 NO1 Us	9 Post Office Box Numbers) 4
REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number)	Delbert A. Schultz	1415 Shar	non Way Talladega, AL 35160
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REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number)	, LOUGILE SCRUITZ	1,4,5	
REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Warren A. Wilson. III			000002461390
REGISTERED AGENT INFORMATION 7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Warren A. Wilson. III		Í	-03/19/9801003005
7. Name and Address of Current Registered Agent Street Address (Do NOT Use P.O. Box Number) Warren A. Wilson. III			***1050:00 ***1050:00
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Street Address (Do NOT Use P.O. Box Number)	REGISTERED AGENT INFO	IATION	
Warren A. Wilson, III	7. Name and Address of Current Regi	red Agent	
Warren A. Wilson, III Street Address (Do NOT Use P.O. Box Number)			Street Address (Do NOT Use P.O. Box Number)
			Street Address (Do NOT Use P.O. Box Number)
31608 U.S. Highway 19 North Palm Harbor, Florida 34684	· · · · · · · · · · · · · · · · · · ·	'	
City and State	4,		('
9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.	being appointed the registered agent of the above no	ed corporation, am familiar with	
Signature of Registered Agent Agent Must Sign	stered Agent	RED AGENT MUST SIGN	Date 3/11/98
	If this corporation is a non-prof	with I.R.S. 501(c)(3) tax exempt status, check this box (See other sic
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)	Does this corporation pay any Dept. of Revenue under S. 19	ntangible tax to the .032, Florida State	See other side for information on intangible tax.)
12. 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 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., at			

the remarkation application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. 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 of Officer or Director

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