

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 FEB -9 AM 11: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033067

1. Corporation Name
DIOP CHALLENGE, INC.

Principal Place of Business Mailing Address
~~512 EAST TALL OAKS DR.~~ 512 EAST TALL OAKS DR.
~~PALM BEACH GARDENS FL 33410~~ PALM BEACH GARDENS FL 33410



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 04/24/1995
5. FEI Number 65-0630181
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DIOP, ROBERT	512 EAST TALL OAKS DR. 118 Seville Rd	PALM BEACH GARDENS FL 33410 West Palm Beach, FL 33405 100002429171---7 -02/12/98--01079--015 ***300.00 ***900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent
DIOP, ROBERT
512 EAST TALL OAKS DRIVE
SUITE 000
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent
Name: DIOP, Robert
Street Address (P.O. Box Number is Not Acceptable): 118 Seville Road
Suite, Apt. #, Etc.:
City: West Palm Beach
State: FL
Zip Code: 33405

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature]
Date: 01/22/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No none due (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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CFR2040 (8/97)