		DEFORE COMP	N ETING THE FORM
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mori Secretary of S DIVISION OF CORPOR	NT OF STATE tham tate	PLETING THIS FORM.  APPROVED  AND  FILED
DOCUMENT # P97000010335  1. Corporation Name			98 DEC 31 PH 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DIABLO INVESTMENTES, INC.		j.	LURIDA
Principal Place of Business Mailing Address			
908 60TH AVE W BRADENTON FL 34207			
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			FINSTATEMENT 98
New Principal Office Address, If Applicable  Sulte, Apt. #, etc.			e Incorporated or Qualified Do Business in Florida 01/23/1997
City & State			Number Applied For
Zip Country	Zip Country	G. CER	Not Applicable  STIFICATE OF STATUS DESIRED Status  Status Desired of Status  Status Desired of Status
7. Names and Street Addresses of Each Officer and/o		tions must list at least 3 directed Address of Each	tors)
Title(s) and/or Directors	) Offi	cer and/or Director Post Office Box Numbers)	City / State / Zip
P LARRY DASH	908 60	when.	37 BRADENTON, PL 34207
710	. 0	4. 1 2	
12/V CARLETTA DASH	908 60	My Anew.	BRADENTOV, FL 34207
			<del>000002729990-8</del> -01/05/9901025-012
			****750.00 *****750.00
		bec	
8. Name and Address of Current Registered Agent Name			ne and Address of New Registered Agent
DASH, CARLETTA J Street Address (I		Street Address (P.O. Box N	dumber is Not Acceptable)
908 60TH AVE W BRADENTON FL 34207		Suite, Apt. #, Etc.	
		City	State Zip Code
10. 1, being appointed the egistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent (AUULA) REGISTERED AGENT MUST SIGN  Date 12-28-98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (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: CICLETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #			