

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 10 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Di-All Company
P97000034664

000075288880
05/25/06--01049--001 **1200.00

REINSTATEMENT 03-06
CR2E081 (12/05)

2. Principal Office Address

11810 Aranda COURT
Suite, Apt. #, etc.

3. Mailing Office Address

11810 Aranda COURT
Suite, Apt. #, etc.

City & State

Hudson, Florida

City & State

Hudson, Florida

Zip

34667

Country

US

Zip

34667

Country

U.S

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

04/17/1997

5. FEL Number

593463580

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 *Dr. Diane McCallum Thompson*

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

11810 Aranda Ct

Suite, Apt. #, Etc.

Hudson

City

Hudson

State

FL

Zip Code

34667

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

Dr. Diane McCallum Thompson
REGISTERED AGENT MUST SIGN

Date *05/09/06*

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
<i>Dr</i>	<i>Diane McCallum Thompson</i>	<i>11810 Aranda Court</i>	<i>Hudson, Fl. 34667</i>
		<i>8/5/16</i>	

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 contained in Chapter 119, 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:

Dr. Diane McCallum Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/09/06

Daytime Phone #

727-697-3155