

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 2001 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P97000061227**

1. Corporation Name

**D.I.E. Corporation**

**400004212514--2**  
-05/11/01--01118--002  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

**4300 N. Ocean Blvd**

3. Mailing Office Address:

**4300 N. Ocean Blvd**

Suite, Apt. #, etc.

**Suite # 3**

Suite, Apt. #, etc.

**Suite # 3**

4. Date Incorporated or Qualified To Do Business in Florida

**7/15/97**

City & State

**Delray Beach, FL**

City & State

**Delray Beach FL**

5. FEI Number

**65-0767782**

Applied For

Not Applicable

Zip

**33483**

Country

**Palm Beach**

Zip

**33483**

Country

**Palm Beach**

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Glenn Reichenbach**

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

**4300 N. Ocean Blvd.**

Suite, Apt. #, Etc.

**Suite # 3**

City

**Delray Beach**

State

**FL**

Zip Code

**33483**

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

*[Handwritten Signature]*

Date

**4/16/01**

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	Glenn Reichenbach	4300 N. Ocean Blvd, ste 3	Delray Beach FL 33483

**REINSTATEMENT 00-01**

*M.W*

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/01**  
Date

**561-279-2738**  
Daytime Phone #

CR2E081 (9/00)