

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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MINN
STATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **98-00004394**

1. Corporation Name
DITON INTERNATIONAL INC.

2. Principal Office Address
**C/O LERNER & KLISTON P.A.
8211 W. BROWARD BLVD
Suite, Apt. #, etc. #375**

3. Mailing Office Address
P.O. BOX 43

City & State
PLANTATION FL.

City & State
BOCA RATON FL.

Zip
33324

Country
BROWARD

Zip
33429

Country
PAUM BEACH

4. Date Incorporated or Qualified To Do Business in Florida
Dec/9/97

5. FEI Number
65-0835801

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
DINA TALERICO C/O LERNER & KLISTON P.A.

Street Address (P.O. Box Number is Not Acceptable)
8211 W. BROWARD BLVD

Suite, Apt. #, Etc.
#375

City
PLANTATION, FL.

State
FL

Zip Code
33324

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
[Signature]

Date
7/20/00

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
Director	M. NAIMI	C/O LERNER & KLISTON 8211 W. BROWARD BLVD #375	PLANTATION FL. 33324

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: **M. NAIMI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
7/20/00

Daytime Phone #
454-224-2622

KE

CR2E081 (9/99)

2082

Dijon International Inc.

PO Box 43 Boca Raton, Florida 33429

954-224-2622

Fax: 561-988-6203

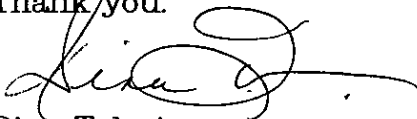
Florida Dept. of State
Division Of Corporations

Dear Sir or Madame;

I spoke to someone in your office regarding my corporation DIJON INTERNATIONAL INC. you have an incorrect address for the annual report, and I asked for a reinstated form. I was told to send in the reinstated form along with a check for \$450.00. Here is the form with the correct address and the check. So please reinstate my corporation and fax me a verification letter to 561-988-6203.

If there are any questions please contact us at 954-224-2622.

Thank you.



Dina Talerico
President