

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 20 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 198000028338

1. Corporation Name

DIDS, INC

400012310974  
02/11/03--01031--023 \*\*908.75

REINSTATEMENT 02-03

2. Principal Office Address

6620 SW 71 LN

Suite, Apt. #, etc.

3. Mailing Office Address

6620 SW 71 LN

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/98

5. EEL Number

65-0822290

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Lynn D Smyth

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

6620 SW 71 LN

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

*Lynn D Smyth*

REGISTERED AGENT MUST SIGN

Date

2/25/03

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
Pres Dir	Lynn D Smyth	6620 SW 71 LN	Miami, FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/03

Daytime Phone #

305-662-1455

CR2E081 (10/02)

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