

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 PM 1:20

DOCUMENT # P98000054417

1. Corporation Name

DILLON LUIS, INC.

Principal Place of Business

Mailing Address

803 WEST 9TH STREET
LEHIGH ACRES FL 33936

803 WEST 9TH STREET
LEHIGH ACRES FL 33936



REINSTATEMENT 03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/18/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0850723	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	ARAQUE, LUIS	803 WEST 9TH STREET	LEHIGH ACRES FL 33936

700024055077
10/23/03--01078--018 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARAQUE, LUIS
803 WEST 9TH STREET
LEHIGH ACRES FL 33936

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Luis Araque
REGISTERED AGENT MUST SIGN

Date 10-20-03

11. 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:

Luis Araque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03 239-872-0578
Date Daytime Phone #

CR2E040 (7/03)

2/2

To Whom

It may concern As of
this date of 10-17-03

We have not received any
UBR paper work for filing
in the past several year we
have sent in payment in a
timely matter and this time
we didn't receive any paper
work, we are sorry for
any problem that this may
have caused, can you please
send us a certificate of reinstat

ment
Thank
you Jim
10-20-03 Luis Alvarez