

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 27 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98000074477

1. Corporation Name

DIONE NORTH AMERICA, INC

2. Principal Office Address

2 MYSTIC LANE

Suite, Apt. #, etc.

City & State

MALVERN PA

Zip

19355

Country

USA

3. Mailing Office Address

2400 N. COMMERCE PARKWAY

Suite, Apt. #, etc.

SUITE 305

City & State

WESTON FLORIDA

Zip

33326

Country

USA

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

8-26-98

5. FEI Number

65-0859045

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

CAPITAL CONNECTION INC

(850) - 224 - 8870

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

417 E VIRGINIA STREET

Suite, Apt. #, Etc.

SUITE 1

City

TALLAHASSEE

State
FL

Zip Code

32302

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] Weimar Lopez for Capital Connection 12/27/01
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	ENRIQUE GARRIDO	62 HAMILTON RD	HIGH WYCOMBE, BUCKS HP13 5BQ ENGLAND
T	STEPHEN TAPPING	48 ISRAEL CRESCENT	HIGH WYCOMBE, BUCKS HP13 5EJ ENGLAND
S	HARRY MCGEE	77 HAMILTON ROAD	HIGH WYCOMBE, BUCKS HP13 5BQ ENGLAND

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/01 4401494 - P38503
UNITED KINGDOM

Daytime Phone #



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dione North America, Inc.

- RECEIVED
01 DEC 27 AM 10:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
- ☐ Art of Inc. File _____
 - ☐ LTD Partnership File _____
 - ☐ Foreign Corp. File _____
 - ☐ L.C. File _____
 - ☐ Fictitious Name File _____
 - ☐ Trade/Service Mark _____
 - ☐ Merger File _____
 - ☐ Art. of Amend. File _____
 - ☐ RA Resignation _____
 - ☒ Dissolution / Withdrawal _____
 - ☐ Annual Report / Reinstatement _____
 - ☐ Cert. Copy _____
 - ☐ Photo Copy _____
 - ☐ Certificate of Good Standing _____
 - ☐ Certificate of Status _____
 - ☐ Certificate of Fictitious Name _____
 - ☐ Corp Record Search _____
 - ☐ Officer Search _____
 - ☐ Fictitious Search _____
 - ☐ Fictitious Owner Search _____
 - ☐ Vehicle Search _____
 - ☐ Driving Record _____
 - ☐ UCC 1 or 3 File _____
 - ☐ UCC 11 Search _____
 - ☐ UCC 11 Retrieval _____
 - ☐ Courier _____

Signature _____

Requested by: WL 12/27 11:00
Name Date Time

Walk-In _____ Will Pick Up _____