TOTAL P.02

APPLICATION FOR REINSTATEMENT

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

FILED
00 MAY -5 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093502

1. Corporation Name
Diesel Power of North America, Inc.

Principal Place of Business
~~5560 N.W. 84th Avenue~~
~~Miami, Florida 33166~~

Mailing Address
~~5560 N.W. 84th Avenue~~
~~Miami, Florida 33166~~

REINSTATEMENT 09-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
9737 N.W. 41st
Suite, Apt. #, etc.
339
City & State
Miami, FL
Zip 33178 Country USA

3. New Mailing Office Address, if Applicable
220 Miracle Mile
Suite, Apt. #, etc.
234
City & State
Coral Gables, FL
Zip 33134 Country

4. Date Incorporated or Qualified To Do Business in Florida
11/4/98

5. FEI Number
65-0873630
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒
$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Alberto Gaulion	220 Miracle Mile suite 234	Coral Gables, FL 33134

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-05/19/00--01103--012
****300.00 ****300.00

LS

8. Name and Address of Current Registered Agent
Alberto Gaulion
5560 N.W. 84th Avenue
Miami, FL 33166

9. Name and Address of New Registered Agent
Name: Hector Martinez
Street Address (P.O. Box Number is Not Acceptable): 220 Miracle Mile
Suite, Apt. #, Etc.: 234
City: Coral Gables State: FL Zip Code: 33134

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.

Signature of Registered Agent: _____ Date: 5/1/00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: X _____ 5/1/00 Date 305-342-9919 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR