

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : ADVANCE CORPORATE SERVICE, INC.  
Account Number : I20070000146  
Phone : (305) 406-3800  
Fax Number : (305) 406-3999

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: diferco@gmail.com

**CORPORATION REINSTATEMENT  
DIFERCO CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	<del>\$1,200.00</del>

#600.00


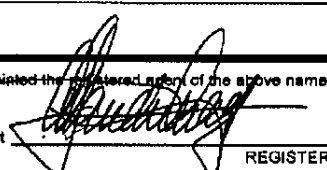
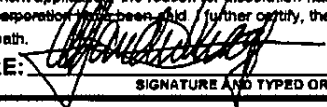
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**2010 APR -6 P 3: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000053399					
1. Corporation Name <b>DIFERCO CORPORATION</b>					
2. Principal Office Address - No P.O. Box # <b>10373 SW 138 PLACE</b>			3. Mailing Office Address <b>10373 SW 138 PLACE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI FL</b>			City & State <b>MIAMI FL</b>		
Zip <b>33186</b>	Country <b>US</b>	Zip <b>33186</b>	Country <b>US</b>		
4. Date incorporated or Qualified To Do Business in Florida <b>06/11/1999</b>					
5. FEI Number <b>650926284</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name <b>ARAGON, ALEJANDRO</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>10373 SW 138 PLACE</b>					
Suite, Apt. #, Etc.					
City <b>MIAMI</b>		State <b>FL</b>	Zip Code <b>33186</b>		
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 				Date <b>4/6/2010</b>	
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	
<b>D</b>	<b>ARAGON, ALEJANDRO</b>	<b>10373 SW 138 PLACE</b>		<b>MIAMI FL 33186</b>	
<b>REINSTATEMENT</b> <b>07-1885</b>					
10. E-mail Address: <b>diferco@gmail.com</b> (To be used for future annual report notification)					
11. 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. I further certify, 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: 		ARAGON, ALEJANDRO		Date <b>4/6/2010</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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