

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 13 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000065348

1. Corporation Name

DIMA INVESTMENTS, INC.

2. Principal Office Address

6330 WEST 21 COURT

3. Mailing Office Address

1313 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

HIALEAH

City & State

CORAL GABLES

Zip

33016

Country

US

Zip

33134

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/1999

5. FEI Number

59-5988073

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0304

7. Name and Address of Current Registered Agent

Name

WILLIAM MACHIN

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

1313 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 201

City

CORAL GABLES

State

FL

Zip Code

33134

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

WILLIAM MACHIN

Date 4/27/04

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	JUAN MACHIN	6330 WEST 21 COURT	HIALEAH, FL 33016
S/T	WILLIAM MACHIN	6330 WEST 21 COURT	HIALEAH, FL 33016

4/27/04

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:

JUAN MACHIN

4/27/2004

(305)827-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

DIMA Investments, Inc.
1313 Ponce De Leon Blvd., Ste.201
Coral Gables, FL 33134

April 27, 2004

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: #P99000065348

Gentlemen:

Attached you will find OUR Corporation Reinstatement Form along with our check in the amount of \$300.00 to cover the UBR fees due for 2003 and 2004.

We changed our mailing address and this is the reason for not having received the Annual Report. Please change our mailing address to:

DIMA Investments, Inc.
1313 Ponce De Leon Blvd.
Suite 201
Coral Gables, FL 33134

Thank you in advance for your cooperation in this matter.

Sincerely,



Juan Machin
President