


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **S28013**
 1. Corporation Name
DIBO, INC.

FILED
 01 DEC 20 PM 12: 22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~2225 SOUTH U.S. 1~~ ~~2225 SOUTH U.S. 1~~
~~PORT PIERCE FL 34950~~ ~~PORT PIERCE FL 34950~~



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

2. New Principal Office Address, If Applicable **1087 S.W. BALMORAL TRACE**
 Suite, Apt. #, etc. **BALMORAL TRACE**
 City & State **STUART, FL**
 Zip **34997** Country **MARTIN**

3. New Mailing Office Address, If Applicable **SAME**
 Suite, Apt. #, etc.
 City & State **FL 34997**
 Zip Country

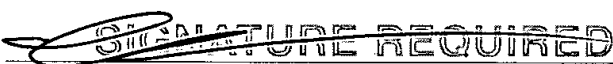
4. Date Incorporated or Qualified To Do Business in Florida **01/28/1991**
 5. FEI Number **65-1044059** Applied For
65-0236621 Not Applicable.
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPS	REPPA, LINDA M	1840 TARPON LN. 1087 Balmoral Trace	VERO BEACH FL 32969 Stuart, Florida 34997
VPS	MCCARTHY, ROBERT	149 OCEAN BEACH 110	VERO BEACH FL
Pres. & Treas.	PITLER Richard E	1087 S.W. Balmoral Trace	Stuart, Florida 34997
			400004745414-1 -12/31/01--01080--003 ***150.00 ***150.00

8. Name and Address of Current Registered Agent
~~SEWART, WILLIAM~~
~~3355 OCEAN DRIVE~~
~~VERO BEACH FL 32963~~

9. Name and Address of New Registered Agent
 Name **Scott Schroeder**
 Street Address (P.O. Box Number is Not Acceptable)
3300 PCA Blvd.
 Suite, Apt. #, Etc. **Suite 970**
 City **Palm Beach Gardens, FL** State **FL** Zip Code **33410**

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  **SIGNATURE REQUIRED** Date **11/12/01**
 REGISTERED AGENT MUST SIGN

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:  **SIGNATURE REQUIRED** Date **11/16/01** Daytime Phone # **34-463-9444**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRR640 (6/01)