

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR 11 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # S28013 1. Entity Name DIBO, INC.					
Principal Place of Business 3174 NW FED HWY JENSEN BEACH, FL 34957		Mailing Address 3174 NW FED HWY JENSEN BEACH, FL 34957 5050 Temple Terrace S.W. Vero Beach, FL 32968 (P)			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0236621	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHROEDER, SCOTT 3300 PGA BLVD. SUITE 970 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name: <u>Reppa, Richard</u> Street Address (P.O. Box Number is Not Acceptable): <u>5450 Temple Terr SW</u> City: <u>Vero Beach</u> FL Zip Code: <u>32968</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REPPA, LINDA M 1087 S.W. BALMORAL TRADE STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>5450 Temple Terr SW</u> <u>Vero Beach, FL 32968</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT REPPA, RICHARD E 1087 S.W. BALMORAL TRADE STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>5450 Temple Terr SW</u> <u>Vero Beach, FL 32968</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>200051348852</u> <u>04/20/05--01007--011</u> **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard E. Reppa</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>5/6/05</u> Daytime Phone #: <u>772 562-2601</u>		

Richard E. Reppa