


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name DI-MI ENTERPRISES, INC. S57285					
2. Principal Office Address 1992 E. 4 Avenue Hialeah, FL 33010 Suite, Apt. #, etc.		3. Mailing Office Address 1992 E. 4 Avenue Hialeah, FL 33010 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida 06/05/1991	
City & State Hialeah, FL		City & State Hialeah, FL		5. FEI Number 65-0265863	
Zip 33010	Country USA	Zip 33010	Country USA	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 Betty Garcia 100004724521-1					
Street Address (P.O. Box Number is Not Acceptable) 1992 E 4th Avenue -12/13/01--01041-012					
Suite, Apt. #, Etc. ***1350.00 ***1350.00					
City Hialeah		State FL		Zip Code 33010	
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 <i>Betty Garcia</i> Date 11/19/01 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	
PTD	Betty Garcia	752 W. 30th Street		Hialeah, FL 33010	
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)(f), 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: <i>Betty Garcia</i> 11/19/01					

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -4 AM 9:12

REINSTATEMENT 97-074

CR2E031 (9/00)