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(Business Entity Name)

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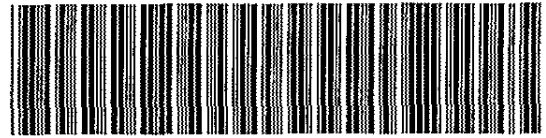
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W04-16149



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 2:39

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVERSIFIED INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALVIN G. GRUENEWALD
(Name of Person)

DIVERSIFIED INCORPORATED
(Firm/Company)

7036 SOUTH LAKE DR
(Address)

ENGLEWOOD, FL 34224
(City/State and Zip code)

For further information concerning this matter, please call:

ALVIN G. GRUENEWALD at **(941) 473-3287**
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 27, 2004

ALVIN G. GRUENEWALD
7036 SOUTH LAKE DR
ENGLEWOOD, FL 34224

SUBJECT: DIVERSIFIED INCORPORATED
Ref. Number: W04000016149

We have received your document for DIVERSIFIED INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 104A00027966

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 27 AM 2:39
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DIVERSIFIED INCORPORATED

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

AL GRUENEWALD INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA

(State or country under the law of which it is incorporated)

3. 1999010313

(FEI number, if applicable)

4. JAN 4, 1999

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7036 SOUTH LAKE DR, ENGLEWOOD, FL 34224

(Principal office address)

7036 SOUTH LAKE DR, ENGLEWOOD, FL 34224

(Current mailing address)

8.

Real Estate & Other Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ALVIN G. GRUENEWALD

Office Address: 7036 SOUTH LAKE DR

ENGLEWOOD, FL 34224

(City)

, Florida 34224

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alvin G. Gruenewald

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 2:39

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A. DIRECTORS

Chairman: **ALVIN G. GRUENEWALD**

Address: **7036 SOUTH LAKE DR**

ENGLEWOOD, FL 34224

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **ALVIN G. GRUENEWALD**

Address: **7036 SOUTH LAKE DR**

ENGLEWOOD, FL 34224

Vice President: _____

Address: _____

Secretary: **ALVIN G. GRUENEWALD**

Address: **7036 SOUTH LAKE DR ENGLEWOOD, FL 34224**

Treasurer: **ALVIN G. GRUENEWALD**

Address: **7036 SOUTH LAKE DR ENGLEWOOD, FL 34224**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Alvin G Gruenewald*
(Signature of Director or Officer listed in number 12 of the application)

14. Alvin G Gruenewald
(Typed or printed name and capacity of person signing application)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

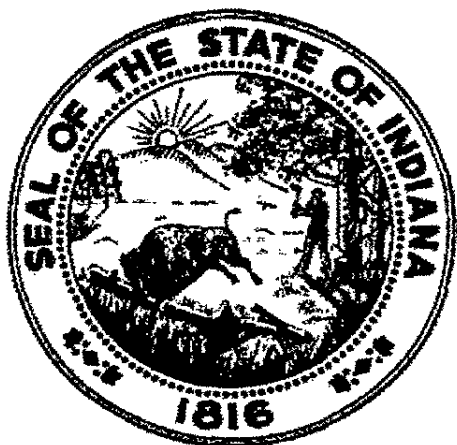
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

DIVERSIFIED INCORPORATED

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 04, 1999, and was in existence or authorized to transact business in the State of Indiana on April 19, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Nineteenth Day of April, 2004 .

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

1999010313 / 2004041992854