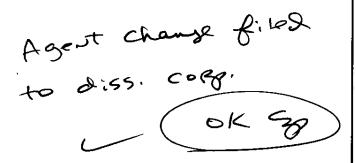
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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
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Special Instructions to Filing Officer:				
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Office Use Only





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TO:

Amendment Section

COVER LETTER

Division of Corporations					
SUBJECT: Diversible Inc.					
(Name of Corporation)					
DOCUMENT NUMBER: P06000154345					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Mark D. Kilroy					
(Name of Contact Person)					
Diversible Inc. (Firm/Company)					
(Cinii Company)					
1460 Windjammer Loop					
(Address)					
Lutz, FL 33559					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Mark D. Kilroy at (813) 949-3265					
Mark D. Kilroy at (813) 949-3265 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					
Division of Cornorations Division of Cornorations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2008

MARK D KILROY 1460 WINDJAMMER LOOP LUTZ, FL 33559

SUBJECT: DIVERSIBLE, INC. Ref. Number: P06000154345

We have received your document for DIVERSIBLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2007 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2007 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2008 Annual Report and Supplemental Fee.

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) 245-6927.

Letter Number: 308A00016796

Tracy Smith Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	unge is submitted for a corporation or	0502, 607.1508, or 617.1508, Flarida Sta ganized under the laws of the State of <u>Fl</u> gistered agent, or both, in the State of Fla	lorida
1. The name of	the corporation: Diversible Inc.		
2. The principa	d office address: 1460 Windjammer Lo	pop Lutz, Ft. 33559	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 12/18/2	Document number: P0\i00015	4345
5. The name an Florida Depa	ed street address of the current registere artment of State;	d agent and registered office on file with	the
	CORPORATION SERVICE CO	OMPANY	
	1201 HAYS STREET		
	TALLAHASSEE FL 32301		8
6. The name an (if changed):		gent (if changed) and /or registered office	APR -
	Mark D. Kilroy		H. C
	1460 Windjammer Loop		がいる。
	(P.O. Box NOT accepts	duke)	
	Lutz, FL 33559	· · · · · · · · · · · · · · · · · · ·	%
The street addr as changed wil	ess of its registered office and the stre I be identical.	eet address of the business office of its r	registered agent,
Such change wanthorized by t	as authorized by resolution duly ador he board, or the corporation has been	oted by its board of directors or by an of notified in writing of the change.	fficer so
Mars	Million	Mark D. Kilroy President	
I harahu angan	ture of at officer or director) I the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	(Printed or typed nathe and little	
mil	hers	03/12/2008	
(S	guature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:	·	
(Typed or Printed Name)		
	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)