

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 431032

1. Corporation Name

Eatonville Diversified Inc.

2. Principal Office Address

15 Wymore Rd

3. Mailing Office Address

P. O. Box 2185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eatonville, Fl

City & State

Eatonville, Fl

Zip

32751

Country

Orange

Zip

32751

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/1973

5. FEI Number

591439169

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rosetta G Vereen

Street Address (P.O. Box Number is Not Acceptable)

15 Kennedy Blvd

Suite, Apt. #, Etc.

City

Eatonville, Fl

State

FL

Zip Code

32751

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

Rosetta G. Vereen

REGISTERED AGENT MUST SIGN

Date 11/04/2005

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
Pres	Nathaniel Vereen Jr.	213 Eaton St.	Eatonville, Fl. 32751
Vice Pres	Rose H. G. Vereen	15 Kennedy Ave	Eatonville, Fl. 32751
Secre	Valrie Flowers	533 Clark St	Eatonville, Fl. 32751
Direct	Glorie Bryant	7432 Citrus Ave	Sacramento CA 95825
Treas	Roslyn Parker	5147 Lighthouse Rd	Orlando, Fl. 32808

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)(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:

Rosetta G. Vereen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/2005

Date

407/647-3953

Daytime Phone #

T. Roberts

T. Roberts JAN 06 2006