

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -4 PM 2:11

DOCUMENT #

1. Corporation Name

F d 00000618
Sunbelt Diversified Services, Inc.

2. Principal Office Address

901 Norwalk Street

Suite, Apt. #, etc.

Unit E

City & State

Greensboro, NC.

Zip

27407

Country

USA

3. Mailing Office Address

901 Norwalk Street

Suite, Apt. #, etc.

Unit E

City & State

Greensboro NC

Zip

27407

Country

USA

REINSTATEMENT

02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/29/01

5. FEI Number

56-1515357

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

Additional Fee required

7. Name and Address of Current Registered Agent

Name

William F. Caldwell

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

2622 Lighthouse Bend Drive

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

William F. Caldwell

Date

2-21-03

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	
<i>PD</i>	William B. Rhodes	5920 Davis Mill Rd. Greensboro, NC 27406	<i>300013521528</i> <i>03/04/03-01030-013 ***008.75</i> Greensboro, NC 27406
VDS	William F. Caldwell	2622 Lighthouse Bend Dr.	Ponte Vedra Beach Florida 32082

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:

William F. Caldwell
Vice Pres

2-21-03

336 8541020 x222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #