PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 SEP -1 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000006480

1. Corporation Name
DIVERSIFIED INVESTMENT ASSOCIATES, INC.

REINSTATEMENT 06-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15 W. AYLESBURY ROAD		15 W. AYLESBURY ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 700		SUITE 700	
City & State		City & State	
TIMONIUM, MD		TIMONIUM, MD	
Zip	Country	Zip	Country
21093	USA	21093	USA

4. Date Incorporated or Qualified To Do Business in Florida 11/07/2005

5. FEI Number 521208008 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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09/01/11--01018--002 **1500.00

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: Patricia Tadlock, Asst. Secretary Date 08/29/11

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
CP/D	RICHARD KRESS	15 W. AYLESBURY ROAD, STE. 700	TIMONIUM, MD 21093
VC/VP/D	LAWRENCE P. BURMAN	15 W. AYLESBURY ROAD, STE. 700	TIMONIUM, MD 21093
D/T	MICHAEL R. DEUTSCHMAN	15 W. AYLESBURY ROAD, STE. 700	TIMONIUM, MD 21093

10. E-mail Address: RME@NQGRG.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lawrence P. Burman, President August 30, 2011 410-560-1402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #