FILED

09 JUL 24 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000006096

1. Entity Name
DIVERSIFIED INVESTORS SECURITIES CORP

Principal Place of Business	Mailing Address
12690 PRIMERO CT PENSACOLA, FL 32507	4 MANHATTANVILLE ROAD PURCHASE, NY 10577

2. Principal Place of Business No P.O. Box #	3. Mailing Address
2857 Weatherfield Ct.	
Suite, Apt. #, etc	Suite, Apt. #, etc
Clearwater, FL	City & State
Zip: 33761 Country: USA	Zip / Country

607202009 REINP CR2E098 (1/07) 08 09

REINSTATEMENT

4. FEI Number: 13-3696753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Debbie Diaz — Signature, typed or printed name of registered agent and title if applicable

Debbie Diaz
Assistant Secretary
(NOTE: Registered Agent signature required when reinstating)

DATE: 7/21/09

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RESNIK, RICK 4 MANHATTANVILLE RD PURCHASE, NY 10577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800158845318 07/23/09--01036--008 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRINCIPAL, QUEDEL 4 MANHATTANVILLE RD PURCHASE, NY 10577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARUSONE, JOSEPH 4 MANHATTANVILLE RD PURCHASE, NY 10577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLBY, ROBERT 4 MANHATTANVILLE RD PURCHASE, NY 10577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CALVI, ENNA 4 MANHATTANVILLE RD PURCHASE, NY 10577	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 7/22/09 — Daytime Phone #: 32205

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