

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 JUN 28 PM 12:58

DOCUMENT # E94000000720 (2)

1. Corporation Name

NATIONAL DIVERSIFIED SALES, INC.

2. Principal Office Address

851 North Harvard Ave
Suite, Apt. #, etc.

3. Mailing Office Address

851 North Harvard Ave
Suite, Apt. #, etc.

City & State

Lindsay, CA

Zip

Country

93247 USA

City & State

Lindsay, CA

Zip

Country

93247 USA

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

02/15/94

5. FEI Number

95-3332340

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

Jim Whittle

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

4110 Mercy Industrial Court

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808-3811

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**

Date 06/26/01

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
P	Bob Babcock	P.O. Box 339	Lindsay, CA 93292
S	Rob Newbold	1325 Morris Dr Ste 205	Wayne, PA 19087
T	Jim Whittle	P.O. Box 339	Lindsay, CA 93247
			900004467629--5 07/10/01 01063 019 *****17.50 *****17.50

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:

Jim Whittle 06/26/01 800-726-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)