


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAY -2 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001844		
1. Entity Name DIVERSIFIED INVESTMENT MANAGERS INC.		

Principal Place of Business 5200 NW 55TH BLVD 104 COCONUT CREEK, FL 33073	Mailing Address 1130 VILLAGIO CIRCLE, #205 SARASOTA, FL 34237
---	---

2. Principal Place of Business 5301 N. FEDERAL HWY Suite, Apt. #, etc. SUITE #170 City & State BOCA RATON, FL Zip 33487 Country US	3. Mailing Address 5301 N. FEDERAL HWY Suite, Apt. #, etc. SUITE #170 City & State BOCA RATON, FL Zip 33487 Country
---	---



04122006 REIN-P CR2E098 (11/05)

4. FEI Number 22-3350332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDBERG, ERIC 5200 NW 55TH BLVD 104 COCONUT CREEK, FL 33073 5301 N. FEDERAL HWY SUITE #170 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

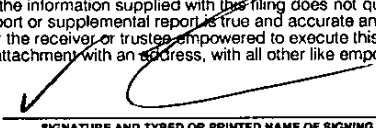
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 4/28/06
---	--	--------------

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	CP GOLDBERG, ERIC 1130 VILLAGIO CIRCLE, #205 SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GOLDBERG, ERIC 5301 N. FEDERAL HWY SUITE #170 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900074338339 05/10/06--01022--019 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 4/28/06	DAYTIME PHONE # 954 252 7915
--	--------------	------------------------------

5/8/06