


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2004 DEC 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005490	
1. Entity Name DIVERSIFIED INVESTMENTS - COLONY, INC.	

Principal Place of Business 4340 EAST WEST HIGHWAY #206 BETHESDA, MD 20814 US	Mailing Address 4340 EAST WEST HIGHWAY #206 BETHESDA, MD 20814 US
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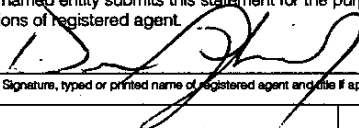
2. Principal Place of Business 7800 Persimmon Tree Lane Suite 100 Bethesda, MD	3. Mailing Address 7800 Persimmon Tree Lane Suite 100 Bethesda, MD
City & State Bethesda, MD	City & State Bethesda, MD
Zip 20817	Country USA



10202004 REIN-P CR2E098 (6/04)

4. FEI Number 52-2076227		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 DIVERSIFIED INVESTMENTS 701F NORTH HERCULES AVE CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name: Drennen L. Whitmire, Jr. Street Address (P.O. Box Number is Not Acceptable): 249 Royal Palm Way, Suite 501 Ralm Beach, FL 33480

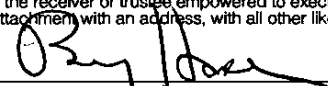
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Drennen L. Whitmire, Jr.** 12/13/04
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAASE, BARRY 4340 EAST WEST HIGHWAY, STE 206 BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Haase, Barry 7800 Persimmon Tree Lane, Suite 100 Bethesda, MD 20817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREAU, PHILIP 4340 EAST WEST HIGHWAY STE 206 BETHESDA, MD 20814 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Moreau, Philip 7800 Persimmon Tree Lane, Suite 100 Bethesda, MD 20817 <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	<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 exemption stated in Section 119.07(3)(i), 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:  **Barry L. Haase** 12/13/04 301-580-8950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #