

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 CORPORATIONS

00 OCT 16 AM 9:39

DOCUMENT # F97000005492

1. Corporation Name

Diversified Investments - TBC, Inc.

W-23915

2. Principal Office Address

4340 East West Highway

Suite, Apt. #, etc.

Suite 206

City & State

Bethesda, MD

Zip

20814

Country

US

3. Mailing Office Address

4340 East West Highway

Suite, Apt. #, etc.

Suite 206

City & State

Bethesda, MD

Zip

20814

Country

REINSTATEMENT 09-10  
7/1/00 904160039 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10-97

5. FEI Number

52-2057865

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

Diversified Investments - silk oak, LLC

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

28488 U.S. Highway 19 North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

4000003440644-3  
-10/26/00--01069--004  
\*\*\*\*750.00 \*\*\*\*750.00

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

*Joseph Benson*  
REGISTERED AGENT MUST SIGN

Date

9-26-00

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
Chairman CEO	Barry L. Haase	4340 East West Highway, #206	Bethesda, MD 20814
President	Philip Moreau	4340 East West Highway, #206	Bethesda, MD 20814

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:

*Joseph Benson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-00

Daytime Phone #

916 727-0017

CR2E081 (9/99)