

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 31 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004624

1. Corporation Name

DIVERSIFIED FINANCIAL GRP, INC.

Principal Place of Business

Mailing Address

186 PATERSON AVENUE  
EAST RUTHERFORD NJ 07073

74 Passaic Street  
Ridgewood, NJ  
07450

186 PATERSON AVENUE  
EAST RUTHERFORD NJ 07073



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3008003

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	OLMPIO, EDWARD G	70 STONEYBROOK ROAD	MONTVILLE NJ 07045
V	O'MALLEY, RONALD J	21 SKYLINE DRIVE	UPPER SADDLE RIVER NJ 07458

REINSTATEMENT DDLTS

900003473089--6  
-11/21/00-01082-021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EVERS, SUSAN  
8845 RAMBLEWOOD DRIVE UNIT 1708  
CORAL SPRINGS FL 33071

(Address  
change)

Name

Susan Evers

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

10402 NW 1 Place

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Susan Evers

Date

10/28/2000

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/00

Date

201-444-7000

Daytime Phone #

CR2E040 (8/00)