

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G37267**

1. Corporation Name

DIANE ROYSE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4840 SUNDAY COURT
SARASOTA FL 34235

4840 SUNDAY COURT
SARASOTA FL 34235

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1983

5. FEI Number

59-2294125

Applied For

Not Applicable

6. **PAID**
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
PST	ROYSE, DIANE M.	4840 SUNDAY CT	SARASOTA FL 34235
D	ROYSE, DIANE M. STARKEY, MARK	4840 SUNDAY CT 4831 SUNDAY CT	SARASOTA FL 34235
VP	ROYSE, DIANE M. Blakney, Patricia	4840 SUNDAY CT 2715 Webber St	SARASOTA FL 34235 34239
			100024993731 11/25/03--01002--013 **280.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROYSE, DIANE M.
4840 SUNDAY CT
SARASOTA FL 34235

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

Diane M. Royse
REGISTERED AGENT MUST SIGN

Date 11-21-2003

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:

DIANE M. ROYSE - *Diane M. Royse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-21-03 941-358-4302

Daytime Phone #