

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J90212

1. Corporation Name

DIVA EMPORIUM, INC.

Principal Place of Business

Mailing Address

~~2073 PORTER LAKE DR~~  
~~UNIT C~~  
~~SARASOTA FL 34240~~

~~2073 PORTER LAKE DR~~  
~~UNIT C~~  
~~SARASOTA FL 34240~~

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

2. New Principal Office Address, If Applicable

~~5780 Swift Road~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~5780 Swift Road~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1987

5. FEI Number

59-2838600

Applied For

Not Applicable

City & State  
Sarasota FL

City & State  
Sarasota FL

Zip Country  
34231 USA

Zip Country  
34231 USA

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
VP	MONTGOMERY, ROBERT H	<del>2073 PORTER LAKE DR., UNIT C</del> 6214 Buckingham Street	<del>SARASOTA FL 34240</del> Sarasota FL 34238
P	Montgomery Lisa	6214 Buckingham Street	Sarasota FL 34238

400008941504  
11/12/02--01118--012 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTGOMERY, ROBERT H  
~~2073 PORTER LAKE DR~~  
~~UNIT C~~  
~~SARASOTA FL 34240~~

Name

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

~~4509 Bee Ridge Rd.~~  
Suite, Apt. #, Etc.

~~Suite C~~

City  
Sarasota

State Zip Code

FL 34233

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/6/02

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

11/6/02  
Date

Daytime Phone #

CR2040 (8/02)