

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

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State  
**Sarasota FL**

Zip Country  
**34231 USA**

City & State  
**Sarasota FL**

Zip Country  
**34231 USA**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>VP</b>	<b>MONTGOMERY, ROBERT H</b>	<del>2073 PORTER LAKE DR., UNIT C</del> <b>6214 Buckingham Street</b>	<del>SARASOTA FL 34240</del> <b>Sarasota FL 34238</b>
<b>P</b>	<b>Montgomery Lisa</b>	<b>6214 Buckingham Street</b>	<b>Sarasota FL 34238</b>

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

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4509 Bee Ridge Rd.**  
 Suite, Apt. #, Etc.  
**Suite C**  
 City State Zip Code  
**Sarasota 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

Date **11/6/02**

Daytime Phone #

CR20040 (8/02)