

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # K26361

1. Corporation Name

DIVERSIFIED DATA MANAGEMENT, INC.

Principal Place of Business

670 N COURTENAY PKWY  
SUITE 18  
MERRITT ISLAND FL 32953  
US

Mailing Address

C/O DAVID L SMITH  
P O BOX 540247  
MERRITT ISLAND FL 32954-247  
US

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

2. New Principal Office Address, If Applicable

1353 N. Courtenay Pkwy

Suite, Apt. #, etc.

Suite L-m-n

City & State

Merritt Island FL.

Zip  
32953

Country  
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/1988

5. FEI Number

59-2895800

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	SMITH, DAVID L.	445 SABAL AVE	MERRITT ISLAND FL 32953
V	PRATT, JOHN A	345 KENZEL CT	MERRITT ISLAND FL 32953

800004679238--0

-11/14/01--01081--017

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SMITH, DAVID L  
445 SABAL AVENUE  
MERRITT ISLAND, FL 32953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*David L. Smith*

REGISTERED AGENT MUST SIGN

Date

10/19/01

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:

*David L. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01

Daytime Phone #

321.452.7413

AD

CR2EC40 (8/01)