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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Houd
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000012691

Name and Mailing Address

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011734 01 AT 0.292 **AUTO T3 0 0615 33409-724888

DIVERSIFIED TRADE SERVICES, LTD. CO.
2288 SARATOGA BAY DRIVE
WEST PALM BEACH FL 33409-7248



| | | | |
|--|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 07/30/2001 | |
| Principal Place of Business 2288 SARATOGA BAY DRIVE WEST PALM BEACH FL 33409 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 65-1125729 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent ANTON, WILLIAM 2288 SARATOGA BAY DRIVE WEST PALM BEACH FL 33409 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| | | 9. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) 100024289351 | |
| | | 10/30/03--01051--009 **155.00 | |
| | | City FL | Zip Code |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | |
| Signature of Registered Agent <i>William Anton</i> | | Date 10-26-03 | |
| REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | ANTON, WILLIAM | 2288 SARATOGA BAY DRIVE | WEST PALM BEACH FL 33409 |
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| 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>William Anton</i> | | Date 10-26-03 Daytime Phone # 561.640.9307 | |
| Typed or printed name of signing Managing Member/Manager | | | |

CR2EC84 (7/03)

REINSTATEMENT 03/05/04
dec