

**APPLICATION  
FOR  
REINSTATEMENT**

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

DO NOT WRITE IN THIS SPACE

**FILED**

02 JAN -3 AM 11:38

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # L02486**

2. If Address in Block 1 is correcting any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

**DIVERSIFIED ASSOCIATES TECHNOLOGY  
OF AMERICA, INC.**

Address  
**12335 SW 29 Terr**

**15290 NW 60 Ave  
MIAMI LAKES, Florida 33014**

City and State  
**MIAMI Florida**  
Zip Code  
**33175**

3. Date Incorporated or Qualified To Do Business in Florida

**7/14/89**

4. FEI Number

**65-0130879**

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

| 1. Title | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City and State |
|----------|--------------------------------------|----------------------------------------------------------------------------------------|-------------------|
| PD       | HILDA L. SUAREZ                      | 12335 SW 29 Terr                                                                       | MIAMI FL 33175    |
|          |                                      |                                                                                        |                   |
|          |                                      |                                                                                        |                   |
|          |                                      |                                                                                        |                   |
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**REINSTATEMENT 99-02**

**8000004756768--2  
-01/07/02--01073--007  
\*\*\*1058.75 \*\*\*1058.75**

**REGISTERED AGENT INFORMATION**

8. Name and Address of New Registered Agent and/or Office

7. Name and Address of Current Registered Agent

**JAVIER RODRIGUEZ  
19711 NW 52 Ct  
MIAMI FL 33055**

Name  
**HILDA L. SUAREZ**  
Street Address (Do NOT Use P.O. Box Number)  
**12335 SW 29 Terr**  
Street Address (Do NOT Use P.O. Box Number)  
City and State  
**MIAMI FL 33175**

9. 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

12. I certify that I am an officer or director of 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 corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effect as a made under oath.

Signature of Officer or Director

*[Signature]*

Date

Daytime Phone #

TOTAL P. 01