PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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06 MAR 13 AM 10:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001975

1. Limited Liability Company's Name
Diversified Investments Services, L.L.C.
3005 Douglas Blvd, Suite 150
Roseville, CA 95661

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/13/1999

6. FEI Number: 522135939 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Haile, Shaw & Pfaffenberger, P.A.

Street Address (P.O. Box Number is Not Acceptable): 660 U.S. #1, 3rd Floor

Suite, Apt. #, Etc.:

City: North Palm Beach | State: FL | Zip Code: 33408

9. 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: _____ Date: 3/13/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MgMr	Barry L. Haase	3005 Douglas Blvd #150	Roseville, CA 95661

2004-2006

REINSTATEMENT

11. 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 608.408, 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: _____ Date: 3/13/06 Daytime Phone# 800 701 1530

Typed or printed name of signing Managing Member/Manager: Barry L. Haase, Managing Member

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HAILE, SHAW &PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561)627-8100
Fax Number : (561)622-7603

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

DIVERSIFIED INVESTMENTS SERVICES, L.L.C.

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