

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000042222

1. Corporation Name

Diversified Business Services, Inc.

FILED
05 OCT 24 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR25081 (8/05)

2. Principal Office Address

P.O. Box 1162

3. Mailing Office Address

P.O. Box 1162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2000

5. FEI Number

59-3640252

Applied For

Not Applicable

Zip

34677

Country

US

Zip

34677

Country

US

6. CERTIFICATE OF STATUS DESIRED ☐

8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)
11380 Prosperity Farms Road

City / State / Zip
#221E

City
Palm Beach Gardens

State
FL

Zip Code
33410

500061247508
11/08/05--01022--020 ***\$10.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

10/21/05

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	John Passaro	P.O. Box 1162	Oldsmar, FL, 34677

10. 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)(f), 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]

JOHN PASSARO

17-OCT-2005

813-749-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # EXT. 1

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Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Diversified Business Services, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$600 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By:

Name: John Passaro

Title: Director

Date: 17-OCT-2005