

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 16 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000106727

1. Corporation Name

Cole Diversified, Inc.

2. Principal Office Address

1007 N. Federal Hwy
Suite, Apt. #, etc. #29

3. Mailing Office Address

1007 N. Federal Hwy
Suite, Apt. #, etc. #29

City & State

Ft. Lauderdale, FL
Zip 33304 Country Broward

City & State

Ft. Lauderdale, FL
Zip 33304 Country Broward

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 2000

5. FEI Number ?

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Hamby

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

2761 SW. 6th Drive

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33312

400048981814
03/23/05--01008--005 ***908.7

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

Steve Hamby

REGISTERED AGENT MUST SIGN

Date 12/20/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Steve Hamby	2761 SW. 6th Drive	Ft. Lauderdale, FL 33312
V. Pres	Elmer Williams	4608 Kingsdown Rd	Dunwoody, GA 30338 B3/2

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Hamby

12/20/04

Date

954 224 3216

Daytime Phone #