

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 # P00000106727

1. Corporation Name
Cole Diversified, Inc.

2. Principal Office Address
1007 N. Federal Hwy #29

Suite, Apt. #, etc.
#29

City & State
Ft. Lauderdale, FL

Zip
33304

Country
Broward

3. Mailing Office Address
1007 N. Federal Hwy

Suite, Apt. #, etc.
#29

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	<u>Steve Hamby</u>	<u>2761 SW 6th Drive</u>	<u>Ft. Lauderdale, FL 33312</u>
V. Pres	<u>Elaine Williams</u>	<u>4608 Kingsdown Rd</u>	<u>Dunwoody, GA 30338</u>
			<u>B3/2</u>

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: Steve Hamby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
12/20/04

Daytime Phone #
954 229 3216