

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 16 AM 9:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500086168285
01/25/07--01004--012 **600.00

REINSTATEMENT 04-07

CR2E081 (12/05)

DOCUMENT # P01000003022

1. Corporation Name

Diversevision, Inc

2. Principal Office Address

25539 Risen Star Dr

3. Mailing Office Address

P.O. Box 46273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Tampa, FL

Zip
33544

Country
USA

Zip
33647

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/04/2001

5. FEI Number

59-3691149

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

Julian Morris

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

25539 Risen Star Dr

Suite, Apt. #, Etc.

City

Wesley chapel

State

FL

Zip Code

33544

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

REGISTERED AGENT MUST SIGN

Date 1/9/06

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
P	Julian Morris	25539 Risen Star Dr	Wesley Chapel, FL 33544

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 contained in Chapter 119, 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:

Julian Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06

Date

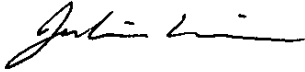
(813) 789-4669

Daytime Phone #

To Whom It May Concern:

This is a letter stating that Diversevision, Inc never received any information or notification about Corporation Annual Reports. We were completely unaware of the fact that this needed to be done so we are sending in a completed Corporation Reinstatement Form, a non-receipt letter, and all applicable fees associated with reinstatement. If there are any questions or concerns please contact us at your earliest convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Julian Morris", written in a cursive style.

Julian Morris, President