

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Diversevision Inc

2. Principal Office Address

P.O. Box 46273

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 46273

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 4th 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

Julian Morris

REGISTERED AGENT MUST SIGN

Date

2/17/03

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	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 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:

Julian Morris (Julian Morris) President

Date

2/17/03

Daytime Phone #

(813) 994-3636

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