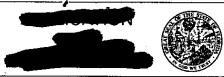
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

P01000024567

1. Corporation Name

DIVERSITY SHOWCASE ASSEMBLIES, INC.



FILED

02 NOV. 20 AM 11: 59

SECRETARY OF STATE TALLAHASSEE, FLORE

Principal Place of Business 3/25 7711 CLIMATE DRIVE 2005 Typone Blud	Mailing Addi	ress FDRIVE 3125 133511 St. Peo	Tyrane Blod			
BRANDON FL 335H SJ - Peders buy FL	BRANDON FI	133511 St. Peo	lerstung FL			PH 9(06) 8(1)8 8(1)6 1064 1061
337/0 USA		33710	AZU	hálm la	2 90236 00	3 \$ 150.00
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable		ing Office Address, If		10200		3 150.
3125 Trave Blod 3125					oorated or Qualified ness in Ftorida <b>(</b> X	3/09/2001
Suite, Apt. #, etc.	Suite, Apt. #			5. FEI Numbe		· · ·
Dity & State	City & State			1	3714038	Applied For
St. Rederstry FC St. Re						Not Applicable
33710 Country	1 ZP 237	Countr	אַז נֻ	CERTIFICATI		.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Flo			ast 3 directors)		
Title(s) Name of Officers and/or Directors	and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
D DUNN, MICHAEL L		711 CLIMATE DRIVE			BRANDON FL 33511	
Sec KENNEDY, RONALD C		7 <del>11 CLIMATE DRIVE</del>			BRANDON FL 33511	
		1054 58th St 5			St. Pedershung FL 33205	
PATTERSON, RODERICK R		711 CLIMATE DRIVE			BRANDON FL 33511	
		755 Mountain View Dr.			Stone Mountain GA 30083	
T David B. Mixner		3125 Tyrone Blud		St. Redribuy	PL 33710	
8. Name and Address of Current	Registered Age	ent	]	9. Name and A	Address of New Registered	Agent
			Name	·i/> . 1	1 M .	-
SPIEGEL & UTRERA, P.A.			Street Address (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE			3125 Tyrone Blud			ŀ
CORAL GABLES FL 33134			Suite, Apt. #, Etc.			
			St- Pete	erchion	State	Zip Code 33760
0. I, being appointed the registered agent of the abo	ve named corpo	ration, am familiar wit			on 607.0505, F.S. or 617.050	
			•			
ignature of egistered Agent	CURE	REQU	IRED		Date///8/02	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	GISTERED AG	ENT MUST SIGN			- M. 1 11 11 11 11 11 11 11 11 11 11 11 11	
I. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissourced by the corporation have been paid and the ron this application is true and accurate, and my sign	llution has been names of individi	eliminated, the corpo- uals listed on this form	rate пате satisfies t n do not qualify for a	he requirements in exemption und	of section 607.0401 or 617.04	401. F.S., that all fees

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/2

(727)343-5503

20/2

November 18, 2002

Benjamin Biomedical, Inc.

Department of State Division of Corporations PO Box 6327 Tallahassee FL, 32314

Re: Diversity Showcase Assemblies, Inc. ("DSA")

Enclosed please find the Application for Reinstatement for DSA. Please waive any reinstatement fee for the following reasons.

The URB was originally filed in a timely manner along with the filing fee (copy enclosed). We received nothing from the division of corporations until receiving the notice of administrative dissolution.

I called your office and was advised that a request for DSA tax ID number was mailed but to the wrong address. Since it went to the wrong address, we never got it so we could not respond to it. We did not know that there was any problem with our URB.

I have completed the reinstatement application including the tax ID number.

Please reinstate the corporation and waive the reinstatement fee. If at all possible, please make the re-instatement effective as of the date of dissolution so there is no gap in DSA incorporation status.

Thank you for your attention. Please send confirmation to my attention.

Best Regards,

 $\cup J^{-1}$ 

William J. Morrison