

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY 25 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name North Florida Diversified Inc.  
PO1000028443

**2. Principal Office Address**

9152 JJ Mealy Lane  
Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 70  
Suite, Apt. #, etc.

**City & State**

Clarksville, FL

**City & State**

Clarksville, FL

**Zip**

32430

**Country**

US

**Zip**

32430

**Country**

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3-22-01

**5. FEI Number**

75-298-259-7

**Applied For**

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

2002-2005 Ri

**7. Name and Address of Current Registered Agent**

**Name**

Gary Duncan

700055659357

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

9152 JJ Mealy Lane

06/02/05--01039--001 \*\*608.75

**Suite, Apt. #, Etc.**

**City**

Clarksville

**State**

FL

**Zip Code**

32430

**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

Gary Duncan

REGISTERED AGENT MUST SIGN

Date 5-25-05

**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
President	Gary Duncan	9152 JJ Mealy Lane	Clarksville, FL 32430

**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:**

Gary Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-05

Date

850-209-4226

Daytime Phone #

CR2E081 (01/05)

MAIL



**NORTH FLORIDA DIVERSIFIED INC.**

**POST OFFICE BOX 70**

**CLARKSVILLE, FL 32430**

**(850) 762-3771**

To Whom It May Concern:

*2002 AR*

In reference to corporation dissolution of North Florida Diversified Inc. the application for above referred company was not received by our company or any representative of our company. It is therefore requested that the \$600.00 reinstatement fee be waved.

Sincerely,

*Gary Duncan*  
Gary Duncan

President North Florida Diversified Inc.