

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 JUN -7 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000030719

1. Corporation Name

Diverse Specialties Inc  
5512 both way N  
St Petersburg FL 33709

2. Principal Office Address

5512 both way N

Suite, Apt. #, etc.

City & State

St Pete FL 33709

Zip

33709

Country

USA

3. Mailing Office Address

5512 both way N

Suite, Apt. #, etc.

City & State

St Pete FL 33709

Zip

33709

Country

USA

400005895944--2  
-06/21/02--01006--012  
\*\*\*\*150.00 \*\*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/01

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

Robert W Payne

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

5512 both way N

Suite, Apt. #, Etc.

City

St Petersburg

State  
FL

Zip Code

33709

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

Robert W Payne

REGISTERED AGENT MUST SIGN

Date 6-03-02

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	Robert W Payne	5512 both way N	St Pete FL 33709
VP	Joan Payne	1312 800 N Rd	Melvin IL 60952
S/T	JoEllen Payne	5512 both way N	St Pete FL 33709

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:

Robert W Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 545-3223

CR2E081 (9/01)

*Frances A. McCarthy, CPA, P.A.*

7419 10<sup>th</sup> Avenue N \* St Petersburg, FL 33710 \* (727) 343-9479

May 31, 2002

Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Diverse Specialties Inc  
Document #P01000030749

Dear Sir or Madam:

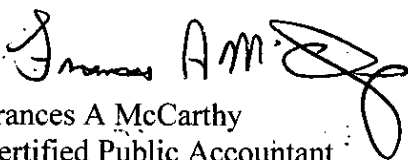
This letter is to request a waiver of the Corporation Reinstatement fee, and is attached with the Corporation Reinstatement form and a \$150 fee.

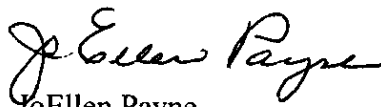
Diverse Specialties Inc incorporated on March 26, 2001. The 2002 Annual Report would have been the first annual report to be received and filed for the corporation, however, the form was never received. This oversight just recently came to Ms. JoEllen Payne's attention. She is the secretary-treasurer for Diverse Specialties.

Today was her initial meeting with myself, her CPA, and the topic was discussed and acted upon.

Please waive the reinstatement fee, and process this corporation properly. Thank you for your attention to this matter.

Sincerely,

  
Frances A McCarthy  
Certified Public Accountant

  
JoEllen Payne  
Secretary-Treasurer